DOCUMENT RESUME

ED 324 854 EC 232 199

AUTHOR	Stephens, Susan A.; Laken, K. Charlie
TITLE	The Study of Programs of Instruction for Handicapped Children and Youth in Day and Residential Facilities. Volume IV. Survey Instruments and Materials for the Survey of Separate Facilities and the Survey of SEA Special Education Divisions.
INSTITUTION	Decision Resources Corp., Washington, DC.; Mathematica Policy Research, Princeton, N.J.; Minnesota Univ., Minneapolis.; Temple Univ., Philadelphia, Pa. Inst. for Survey Research.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	31 Jan 90
CONTRACT	300-85-0190
NOTE	347p.; For the other volumes in this study, see EC 232 196-200.
PUB TYPE	Tests/Evaluation Instruments (160)
EDRS PRICE	MF01/PC14 Plus Postage.
DESCRIPTORS	Change Agents; *Data Collection; *Day Programs; *Disabilities; Educational Change; Educational Practices; Elementary Secondary Education; Evaluation Methods; Interviews; *Measurement Techniques; National Surveys; Questionnaires; Residential Institutions; *Residential Programs; Special Education; Special Schools; *State Departments of Education

ABSTRACT

This document, the fourth of five volumes of a study of programs of instruction for handicapped children and youth in separate day and residential facilities throughout the United States, contains instruments and materials used in two surveys designed to gather data for the study: (1) a survey of separate facilities; and (2) a survey of State education agency (SEA) special education divisions. The survey of separate facilities comprises the bulk of the volume. It includes: an advance letter and screening form; a verification and screening interview form; a questionnaire for residential facilities with day programs; a questionnaire for day programs; telephone interview forms; reminder letters; reminder call questionnaires; and forms for collection of data on specific diagnostic groups (individuals with visual impairments, hearing impairments, emotional disturbance/behavior disorder, mental retardation, learning disabilities/speech or language impairments, orthopedic (physical) impairments, health impairments, multiple handicaps, and noncategorical or other handicaps). The survey of SEA special education divisions consists of a single form. It covers organization and responsibilities of the division of special education, state funding of special education programs, facilities and personnel standards, compliance monitoring, technical assistance and in-service training, information about separate facilities in the state, goals and priorities of the special education division, and changes since 1975. (JDD)

ED324854

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
✓ This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

THE STUDY OF PROGRAMS OF INSTRUCTION FOR HANDICAPPED CHILDREN AND YOUTH IN DAY AND RESIDENTIAL FACILITIES

VOLUME IV:

SURVEY INSTRUMENTS AND MATERIALS FOR THE SURVEY OF SEPARATE FACILITIES AND THE SURVEY OF SEA SPECIAL EDUCATION DIVISIONS

EC232199

MATHEMATICA
Policy Research, Inc.

THE STUDY OF PROGRAMS OF INSTRUCTION FOR HANDICAPPED CHILDREN AND YOUTH IN DAY AND RESIDENTIAL FACILITIES

VOLUME IV:

SURVEY INSTRUMENTS AND MATERIALS FOR THE SURVEY OF SEPARATE FACILITIES AND THE SURVEY OF SEA SPECIAL EDUCATION DIVISIONS

January 31, 1990

Prepared for:

Department of Education
Office of Special Education
Programs
Mary C. Switzer Building
330 C Street, S. W.
Washington, D.C. 20202

Project Officer:
Susan Thompson-Hoffman

Prepared by:

Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, N.J. 08543-2393

Principal Investigators:
Susan A. Stephens
K. Charlie Lakin

"This report has been funded, either wholly or in part, with Federal funds from the U.S. Department of Education under prime contract no. 300-85-0190 with Mathematica Policy Research, Inc. In performance of the prime contract, the University of Minnesota, Decision Resources, Inc., and the Temple University Institute for Survey Research were subcontractors. The content of this publication does not necessarily reflect the views or policies of the Department of Education, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government or Mathematica Policy Research, Inc."

THE STUDY OF PROGRAMS OF INSTRUCTION FOR HANDICAPPED CHILDREN AND YOUTH IN DAY AND RESIDENTIAL FACILITIES

VOLUME IV:

SURVEY INSTRUMENTS AND MATERIALS FOR THE SURVEY OF SEPARATE FACILITIES AND THE SURVEY OF SEA SPECIAL EDUCATION DIVISIONS

PART ONE:

THE SURVEY OF SEPARATE FACILITIES

CONTENTS

ADVANCE LETTER AND SCREENING FORM

VERIFICATION AND SCREENING INTERVIEW

LETTER SENT WITH MAIL QUESTIONNAIRES

MAIN QUESTIONNAIRE FOR RESIDENTIAL FACILITIES WITH DAY PROGRAMS,
MAIL VERSION

MAIN QUESTIONNAIRE FOR DAY PROGRAMS,
MAIL VERSION

POPULATION MODULE: VISUAL IMPAIRMENTS

POPULATION MODULE: HEARING IMPAIRMENTS

POPULATION MODULE: EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER

POPULATION MODULE: MENTAL RETARDATION

POPULATION MODULE: LEARNING DISABILITIES/SPEECH OR LANGUAGE IMPAIRMENTS

POPULATION MODULE: ORTHOPEDIC (PHYSICAL) IMPAIRMENTS

POPULATION MODULE: HEALTH IMPAIRMENTS INCLUDING AUTISM

POPULATION MODULE: MULTIPLE HANDICAPS

POPULATION MODULE: NONCATEGORICAL OR OTHER HANDICAPS

REMINDER LETTERS

REMINDER CALL QUESTIONNAIRE,
WITH REQUEST TO COMPLETE MAIL QUESTIONNAIRE

REMINDER CALL QUESTIONNAIRE, WITH REQUEST TO COMPLETE TELEPHONE INTERVIEW

TELEPHONE INTERVIEW FOR RESIDENTIAL FACILITIES WITH DAY PROGRAMS

TELEPHONE INTERVIEW FOR DAY PROGRAMS

ADVANCE LETTER AND SCREENING FORM

MATHEMATICA
Policy Research, Inc.

P.O. Box 2393
Princeton, NJ 08543-2393
(609) 799-3535

Dear Director:

I would like to ask you to participate in the Study of Programs of Instruction for Handicapped Children and Youth in Day and Residential Facilities being conducted for the U.S. Department of Education by Mathematica Policy Research, Inc., Decision Resources Corporation, and the Center for Residential and Community Services at the University of Minnesota.

One of the components of the study is a national survey of separate facilities, both public and private, at which special education programs for children and youth with handicaps are provided. These students may have developmental, cognitive, emotional, or physical limitations or impairments. This survey will fill an important need for up-to-date, accurate, and detailed information on such facilities, data that are not available from any other source. We feel that the first step in any efforts to improve programs at separate schools is developing such a database. An excerpt from a Department memorandum describing the study is enclosed with this letter.

Also enclosed is a short questionnaire about your facility. Please complete and return it to us at your earliest convenience. Within a few weeks we may contact you by telephone and send you another questionnaire. All information obtained as part of this study will be kept strictly confidential and neither you nor the facility will be identified by name in any reports.

We appreciate your taking the time to help us with this study. If you have any questions, please call me collect at (609) 799-3535.

Sincerely,

Susan A. Stephens

Susan A. Stephens, Ph.D.
Project Director

SAS:ymc
encls.

An Equal Opportunity Employer

SURVEY OF FACILITIES SERVING CHILDREN AND YOUTHS WITH HANDICAPS

Please answer the following questions about your facility by circling either the "YES" or "NO" response for each question.

	YES	NO
1. Are special education services provided at your facility for persons with physical, emotional or developmental handicaps age 21 or younger?	01	00
2. Do any of the facility's staff provide special educational services at locations other than your facility?	01	00
3. Is your facility primarily a correctional facility for juvenile offenders?	01	00
4. Is the average length of a person's stay or enrollment at your facility 30 days or more?	01	00
5. Are non-handicapped students receiving educational services in the same buildings at your facility as the handicapped students?	01	00
6. Are there any other facilities under the same administrative unit as this facility which provide educational or residential services exclusively or primarily for persons with handicaps age 21 or younger?	01	00

We may wish to contact the director of your facility in the near future. We would appreciate your providing the information requested below.

7. Please write the name of the director of your facility on the line below.

____

8. Please write the director's telephone number on the line below.

(____) -______________

Thank you for responding to this questionnaire. Please mail it to us at your earliest convenience in the enclosed postage-paid envelope.

OMB Clearance No. 1820-0559

UNITED STATES DEPARTMENT OF EDUCATION
WASHINGTON D C 20202

SEP MEMORANDUM

Contact Person

Name: Susan Thompson-Hoffman

Telephone: (202) 732-1122

SEP-87-9

Memorandum to: **STATE DIRECTORS OF SPECIAL EDUCATION**

From: **G. Thomas Bellamy, Ph.D.**
Director, Office of Special Education Programs

Subject: **Legislatively Mandated Study: Programs of Instruction for Handicapped Children and Youth in Day and Residential Facilities**

Section 618 of the Education of the Handicapped Act directs the U.S. Secretary of Education to include within the Annual Report to Congress "an analysis and evaluation of the effectiveness of procedures undertaken by each State education agency, local agency, and intermediate education agency to improve programs of instruction for handicapped children and youth in day or residential facilities."

A three-year study is currently being developed at OSEP with the goal of providing data on (1) the characteristics of the populations served in State, private, and LEA-operated day and residential schools operated exclusively or primarily for persons with handicaps (referred to in this memorandum as separate schools or facilities), (2) the characteristics of the instructional programs offered to persons age 21 or younger in these facilities, and (3) the changes that have occurred in the number and characteristics of these facilities since the Office of Civil Rights Survey of Special Purpose Facilities was conducted in 1978-79. State and local procedures and practices which are designed to improve instructional programs and to promote the educational opportunities of handicapped children will also be identified.

In the following pages, we have provided general information about the Day and Residential Study. OSEP's contractor for this study, Mathematica Policy Research (MPR) of Princeton, New Jersey, will contact you over the coming months. The specific nature of the study's data needs can be found on pages 2 and 3 of the attached description. If you would like additional information about this study, please do not hesitate to contact Susan Thompson-Hoffman, OSEP's contact person.

WHY A STUDY ON PROGRAMS OF INSTRUCTION IN DAY AND RESIDENTIAL FACILITIES?

The Study of Programs of Instruction for Handicapped Children and Youth in Day or Residential Facilities is the first Congressionally-mandated study explicitly designed to study day and residential facilities providing educational services to handicapped children and youth. Policymakers, planners, researchers, educators, and parents have previously relied on data collected by the Office of Civil Rights (OCR) in 1978-79. These data were gathered during the initial stages of integration efforts like "deinstitutionalization" and "mainstreaming". This information is, therefore, not currently believed to characterize the present nature of day and residential facilities.

The population of children served by day and residential facilities is a particularly important group, for they generally represent the most severely impaired sector of the total handicapped population. Current data on the kinds of programs available to these children, the distribution of various handicapping conditions among this total population, and trends in services to students in separate facilities, among other data, are unavailable.

As increasing attention is directed toward the segment of handicapped students served in separate facilities, Federal, State, and local administrators are frequently asked:

- What is the current status of separate facilities? What are the characteristics of such facilities? What is their mission and role? How many and what types of children enter and leave these facilities.
- What types of educational opportunities and related services do children who are placed in separate facilities receive? What is the range of services, and to whom are they available? What can be said about the quality of services?
- What are the patterns of change in separate facilities for handicapped children? Has the mission and role of these facilities changed? Have the characteristics of the students of service changed? What trends are seen for the future?
- How do policy factors affect the practices of separate facilities? What impact do State procedures for the improvement of educational programs for handicapped children have on the practices of facilities? What other factors (such as the LEA procedures or the actions of other State or local agencies) influence facility practices, and patterns of change?

The Study of Programs of Instruction for Handicapped Children and Youth in Day or Residential Facilities can do much to address these questions. This study will focus on four basic goals:

- To describe the current national population of handicapped children and youth served in separate day and residential facilities,

- To describe the quantity and types of educational and related services provided to children in these facilities,
- To estimate thee rate and pattern of change in the student populations and educational services at separate facilities over the past ten years, and
- To assess the effects of SEA procedures and the actions of other State and local agencies on the educational services provided to handicapped children in separate facilities.

One of the four components of the basic study design will involve a survey of facilities. Aggregate information will be collected from facility administrators on the characteristics and educational experiences of the children in the facility, as well as on the attributes of the facility itself.

OSEP's contractor, MPR, has compiled from various published directories and lists a national sample frame of private and public day and residential facilities for handicapped children and youth which provide education services on their premises. A sample of approximately 5,900 facilities will be selected for participation in the mail survey, 540 during the pilot survey to be conducted between June and August of 1987 and 5,460 during the full survey to be conducted between February and July of 1988. State Directors will be notified in advance of the facilities selected for participation with their State.

Efforts to reduce burden have been built into the overall study design and are as follows:

- The survey instrument format and instructions will be carefully designed to minimize burden. To the extent possible, the questionnaire will be tailored to the specific characteristics of the facility.
- Pretests and a pilot study will be conducted on all survey instruments and data collection protocols to provide accurate evidence of respondent burden before the actual survey is conducted. Priorities will be assigned to the research questions and associated data items.
- As much data as possible will be obtained from written records and documentation.
- Convenient scheduling for respondents who are participating in more than one data collection study will be provided.
- To minimize the length of survey instruments, in-depth case studies will be conducted first to determine key data elements for national surveys.

I would like to thank you in advance for your cooperation in this most important survey. The results will provide us all with greater insight into how children with handicaps are being served in separate day and residential facilities.

VERIFICATION AND SCREENING INTERVIEW

MPR ID#: |__|__|__|__|__|__|

V.1 Hello, my name is ________________ (from/calling on behalf of) Mathematica Policy Research in Princeton, New Jersey. We are conducting a study of facilities that provide educational and other services to handicapped persons for the United States Department of Education.

First, I would like to make sure that I have reached the correct telephone number. Is this (TELEPHONE NUMBER FROM LABEL)?

YES, CORRECT PHONE NUMBER.....01

NO, TERMINATE AND REDIAL OR BRING TO ATTENTION OF SUPERVISOR..................00

V.2 Is this the (FACILITY NAMED ON LABEL)?

YES..........................01

NO....(GO TO V.3b, PAGE 4)....00

V.3a Let me verify the spelling of (FACILITY NAMED ON LABEL)?

INTERVIEWER: SPELL NAME OF FACILITY TO RESPONDENT.

CORRECT......(GO TO V.5a).....01

NOT CORRECT..................00

V.4a ENTER CORRECT SPELLING OF FACILITY NAME.

____

V.5a Now, I'd like to verify your location and address.

INTERVIEWER: REVIEW ADDRESS(ES) ON LABEL. IF THERE ARE TWO ADDRESSES, VERIFY STREET LOCATION AND MAILING ADDRESSES.

Is that correct?

BOTH ADDRESSES CORRECT..........(GO TO V.8a).....01

STREET ADDRESS CORRECT BUT
  MAILING ADDRESS INCORRECT.....(GO TO V.7a).....02

MAILING ADDRESS CORRECT BUT
  STREET ADDRESS INCORRECT......(GO TO V.6a).....03

BOTH ADDRESSES INCORRECT........(GO TO V.6a).....04

V.6a What is your current street address?

____

IF V.5a = 3, GO TO V.8a; ELSE ASK V.7a.

V.7a What is your current mailing address?

____

V.8a And the city is (NAME OF CITY ON LABEL)?

YES.......(GO TO V.10a).......01

NO............................00

V.9a What is the current city?

____

V.10a And the state is (NAME OF STATE ON LABEL)?

YES.......(GO TO V.12a).......01

NO.............................00

V.11a What is the state?

CIRCLE NAME OF STATE BELOW

<AL> ALABAMA
<AK> ALASKA
<AZ> ARIZONA
<AR> ARKANSAS
<CA> CALIFORNIA
<CO> COLORADO
<CT> CONNECTICUT
<DE> DELAWARE
<FL> FLORIDA
<GA> GEORGIA
<HA> HAWAII
<ID> IDAHO
<IL> ILLINOIS
<IN> INDIANA
<IA> IOWA
<KS> KANSAS
<KY> KENTUCKY
<LA> LOUISIANA
<ME> MAINE
<MD> MARYLAND
<MA> MASS.
<MI> MICHIGAN
<MN> MINNESOTA
<MS> MISSISSIPPI
<MO> MISSOURI
<MT> MONTANA
<NE> NEBRASKA
<NV> NEVADA
<NH> NEW HAMPSHIRE
<NJ> NEW JERSEY
<NM> NEW MEXICO
<NY> NEW YORK
<NC> NORTH CAROLINA
<ND> NORTH DAKOTA
<OH> OHIO
<OK> OKLAHOMA
<OR> OREGON
<PA> PENNSYLVANIA
<RI> RHODE ISLAND
<SC> SOUTH CAROLINA
<SD> SOUTH DAKOTA
<TN> TENNESSEE
<TX> TEXAS
<UT> UTAH
<VT> VERMONT
<VA> VIRGINIA
<WA> WASHINGTON
<WV> WEST VIRGINIA
<WI> WISCONSIN
<WY> WYOMING

V.12a And is the zip code for your mailing address (ZIP CODE ON LABEL)?

YES.......(GO TO V.14a).......01

NO.............................00

V.13a What is the zip code for your mailing address?

V.14a During the last five years, has this facility been called by any other names besides (NAME OF FACILITY ON LABEL)?

YES............................01

NO....(GO TO V.18, PAGE 7)....00

V.15a What was this facility called before it was called (NAME OF FACILITY ON LABEL)?

____

* * * * * * * * * * ALL GO TO V.16, PAGE 7 * * * * * * * * * *

V.3b Was this facility ever called (the) (NAME OF FACILITY ON LABEL)?

YES............................01

NO.........(GO TO END)........00

V.4b What is the current name of this facility?

____

V.5b Now, I'd like to verify your location and mailing address.

INTERVIEWER: REVIEW ADDRESSES ON LABEL. IF THERE ARE TWO ADDRESSES, VERIFY STREET LOCATION AND MAILING ADDRESSES.

BOTH ADDRESSES CORRECT..........(GO TO V.8b).....01

STREET ADDRESS CORRECT BUT
MAILING ADDRESS INCORRECT.....(GO TO V.7b).....02

MAILING ADDRESS CORRECT BUT
STREET ADDRESS INCORRECT......(GO TO V.6b).....03

BOTH ADDRESSES INCORRECT........(GO TO V.6b).....04

18

V.6b What is your facility's current street address?

____

IF V.5b = 3, GO TO V.8b; ELSE ASK V.7b.

V.7b What is your facility's current mailing address?

____

V.8b And is the city (NAME OF CITY ON LABEL)?

YES.......(GO TO V.10b).......01

NO............................00

V.9b What is the correct city?

____

V.10b And the state is (NAME OF STATE ON LABEL)?

YES.......(GO TO V.12b).......01

NO............................00

V.11b What is the state?

CIRCLE NAME OF STATE BELOW

<AL> ALABAMA
<AK> ALASKA
<AZ> ARIZONA
<AR> ARKANSAS
<CA> CALIFORNIA
<CO> COLORADO
<CT> CONNECTICUT
<DE> DELAWARE
<FL> FLORIDA
<GA> GEORGIA
<HA> HAWAII
<ID> IDAHO
<IL> ILLINOIS
<IN> INDIANA
<IA> IOWA
<KS> KANSAS
<KY> KENTUCKY
<LA> LOUISIANA
<ME> MAINE
<MD> MARYLAND
<MA> MASS.
<MI> MICHIGAN
<MN> MINNESOTA
<MS> MISSISSIPPI
<MO> MISSOURI
<MT> MONTANA
<NE> NEBRASKA
<NV> NEVADA
<NH> NEW HAMPSHIRE
<NJ> NEW JERSEY
<NM> NEW MEXICO
<NY> NEW YORK
<NC> NORTH CAROLINA
<ND> NORTH DAKOTA
<OH> OHIO
<OK> OKLAHOMA
<OR> OREGON
<PA> PENNSYLVANIA
<RI> RHODE ISLAND
<SC> SOUTH CAROLINA
<SD> SOUTH DAKOTA
<TN> TENNESSEE
<TX> TEXAS
<UT> UTAH
<VT> VERMONT
<VA> VIRGINIA
<WA> WASHINGTON
<WV> WEST VIRGINIA
<WI> WISCONSIN
<WY> WYOMING

V.12b And is your current zip code (ZIP CODE ON LABEL)?

YES.......(GO TO V.14b).......01

NO............................00

V.13b What is your zip code?

V.14b During the last five years, has this facility ever been called any other names besides (NAME OF FACILITY ON LABEL) and (NEW NAME FROM V.4b)?

YES...........................01

NO.........(GO TO V.18).......00

V.15b What was this facility called before it was called (NAME OF FACILITY ON LABEL) or (NEW NAME FROM V.4b)?

____

V.16 When your facility was called (NAME FROM V.15a, PAGE 4), was it located at your current address?

YES........(GO TO V.18).......01

NO.............................00

V.17 What was the facility's address when it was called (NAME FROM V.15a)?

INTERVIEWER: ENTER ALL ADDRESSES OF FACILITY WHEN IT WAS CALLED (NAME FROM V.15a) FOR THE LAST FIVE YEARS ON **SUPPLEMENTAL ADDRESS SHEET.**

____

V.18 What is the name of the current administrator or director of this facility?

RECORD ADMINISTRATOR'S OR DIRECTOR'S NAME (BE SURE TO RECORD DR./MR./MS./MRS.) AND VERIFY SPELLING.

____

V.19 What is (ADMINISTRATOR NAME FROM V.18)'s job title?

RECORD JOB TITLE: ______________________________

S.1 May I please speak to (PERSON NAMED IN V18)?

INTERVIEWER: THE PERSON LISTED IN V18 MUST BE CONTACTED FIRST TO ATTEMPT A SCREENING INTERVIEW. IF THAT PERSON IS UNABLE TO RESPOND, A PROXY RESPONDENT MAY BE DESIGNATED BY THAT PERSON TO ANSWER THE SCREENER. IF THE PERSON LISTED IN V18 WILL NOT BE AVAILABLE DURING THE FIELDING PERIOD (ON VACATION, ILL, ETC.), BRING TO THE ATTENTION OF YOUR SUPERVISOR.

INTERVIEWER: IF THE PERSON LISTED IN V18 OR A DESIGNATED PROXY RESPONDENT IS NOT IMMEDIATELY AVAILABLE TO BE INTERVIEWED, RECORD THE BEST DATE AND TIME TO CALL BACK ON THE CONTACT RECORD FORM. LEAVE YOUR NAME AND TELEPHONE NUMBER IF THE RESPONDENT WISHES TO RETURN THE CALL.

S.1b Hello, I'm ________________ (from/calling on behalf of) Mathematica Policy Research. We are conducting a study for the U.S. Department of Education regarding services provided to handicapped children and youth in day and residential settings. You were recently sent a letter describing the study. (REVIEW THE CONTENT OF LETTER IF NECESSARY). Your facility is part of a national sample selected through a scientific sampling procedure and I am calling to verify that the facility is eligible for participation in the study. You may have already sent in a form with some information about the facility, but I'd like to confirm this information with you. It will only take about 15 minutes to get the information I need.

INTERVIEWER: IF RESPONDENT REQUESTS A SECOND LETTER, RECORD NAME, TITLE, AND ADDRESS OF LETTER RECIPIENT ON CONTACT SHEET AND NOTIFY SUPERVISOR.

S.2a Is (FACILITY NAME) a school district office or an administrative office that does not directly provide services to persons formally diagnosed as handicapped?

PROBE IF NECESSARY: By handicap, I mean conditions such as mental retardation, learning disabilities, autism, speech or language impairments, vision or hearing impairments, emotional disturbances, behavior disorders, orthopedic or physical impairments, or other health conditions that affect physical, cognitive or social development, excluding juvenile offenders.

YES........(GO TO S.36).......01

NO.............................00

S.2b Are special education or early intervention services directly provided at (FACILITY NAME) to persons diagnosed as handicapped and placed at this facility to receive services related to their handicapping conditions?

By handicap, I mean conditions such as mental retardation, learning disabilities, autism, speech or language impairments, vision or hearing impairments, emotional disturbances, behavior disorders, orthopedic or physical impairments, or other health conditions that affect physical, cognitive or social development, excluding juvenile offenders.

INTERVIEWER: SHELTERED WORKSHOPS AND FACILITIES FOR JUVENILE OFFENDERS SHOULD BE CODED 0.

YES............................01

NO.........(GO TO S.39).......00

S.2c Is (FACILITY NAME) primarily a facility for juvenile offenders?

YES........(GO TO S.39).......01

NO.............................00

S.2d When did (FACILITY NAME) first begin providing services to handicapped persons?

|__|__|__|__|
YEAR

S.3 Does the (FACILITY NAME) provide residential services to persons with handicaps?

YES..........................01
NO.........(GO TO S.7)........00

S.3a For how many months out of the calendar year does (FACILITY NAME) usually provide residential services to persons with handicaps?

|__|__| MONTHS OF RESIDENTIAL SERVICES

S.4 What is the licensed or maximum residential capacity there?

|__|__|__|__| PERSONS (LICENSED CAPACITY)

DON'T KNOW..................9998
REFUSED.....................9999

S.5 How many persons with handicaps (live/lived) there during the 1987-1988 school year?

|__|__|__|__| HANDICAPPED RESIDENTS

NONE.........(GO TO S.7).......0
DON'T KNOW...(GO TO S.7)....9998
REFUSED......(GO TO S.7)....9999

24

S.6 How many of the handicapped residents (are/were) 21 years of age or younger?

|___|___|___|___| # HANDICAPPED RESIDENTS 21 OR YOUNGER

NONE.........(GO TO S.7).......0
DON'T KNOW...(GO TO S.7)....9998
REFUSED......(GO TO S.7)....9999

S.7 Are educational services specifically designed for handicapped children and youth, age 21 or younger, provided during the regular school day at this facility by facility staff? By educational services I mean graded or ungraded instruction in academic, vocational, or life skills areas, provided by state certified or other teachers. Please include preschool or early intervention programs.

YES...........................01

NO............................00

S.7a Are educational services specifically designed for handicapped students provided at this facility by staff from other agencies?

YES...........................01

NO............................00

S.7b Are educational services specifically designed for handicapped children and youth provided by facility staff at locations other than the facility?

YES...........................01

NO............................00

INTERVIEWER CHECK: DO QUESTIONS S.7, S.7a, AND S.7b ALL EQUAL "NO"?

YES........(GO TO S.39).......01

NO............................00

S.7c For how many months out of the calendar year are special education programs usually offered at or by (FACILITY NAME)?

|__|__| MONTHS OF SPECIAL EDUCATION PROGRAMS

S.8 NO QUESTION S.8 THIS VERSION.

S.9 NO QUESTION S.9 THIS VERSION.

S.10 Is this facility's special education program located in the same building with educational programs for non-handicapped persons?

IF YES: Please describe the programs offered to non-handicapped students.

INTERVIEWER: RECORD INFORMATION ON SUPPLEMENTAL INFORMATION SHEET.

YES............................01

NO.............................00

S.11 Is this facility's principal or director currently responsible for both the special education program and a regular elementary or secondary school?

DEFINITION OF REGULAR SCHOOL: A school that primarily serves non-handicapped persons, although it may also have special programs or classes for students with handicaps.

YES............................01

NO.............................00

S.11a Is the special education program located in a separate building from any regular school program?

YES............................01

NO.............................00

INTERVIEWER: CHECK RESPONSES TO QS.10 AND QS.11a.

IF S.10 = 01 AND S.11a = 00 → GO TO S.39.

IF S.10 = 00 AND S.11a = 01 → GO TO S.11c.

IF S.10 = 01 AND S.11a = 01 → GO TO S.11b.

IF S.10 = 00 AND S.11a = 00 → GO TO S.11b.

S.11b Let me double check an answer you gave me. Did you say the special education program was located in the same building or in a separate building from the regular school?

SAME BUILDING......(GO TO S.39).....01
SEPARATE BUILDING...................02

S.11c Is the special education program at (FACILITY NAME) administered by a single principal or director, or are there several separate programs administered by different principals or directors?

SINGLE PRINCIPAL..............01
DIFFERENT PRINCIPALS..........02

S.11d Is the average length of enrollment or stay at the facility less than 30 days, or is it 30 days or longer?

LESS THAN 30 DAYS...(GO TO S.39)...01
30 DAYS OR LONGER..................02

S.12 (Including both day and residential students), how many handicapped persons 21 years of age or younger (are/were) enrolled in the educational programs at this facility during the 1987-1988 school year?

PROBE: IF FACILITY IS RESIDENTIAL: Does that include both day and residential students?

|__|__|__|__| # HANDICAPPED STUDENTS AGE 21 OR YOUNGER

NONE........(GO TO S.39).......0
DON'T KNOW...................9998
REFUSED......................9999

S.13 INTERVIEWER CHECK: IS THIS A RESIDENTIAL FACILITY? (IS QUESTION S.3 "YES"?)

YES...........................01

NO........(GO TO S.15)........00

S.14 How many of these (NUMBER OF STUDENTS FROM S.12) handicapped persons who (are/were) enrolled in educational programs (are/were) day students?

PROBE: By day students we mean students that don't live at the facility.

|__|__|__|__| # DAY STUDENTS AGE 21 OR YOUNGER

NONE..........................0
DON'T KNOW..................9998
REFUSED.....................9999

S.15 Are educational, early intervention, or day activity services provided for children with handicaps age 5 or younger at this facility or by facility staff at another location during the regular school day?

YES...........................01

NO.........(GO TO S.21).......00

S.16 (Including both day and residential students), how many handicapped children age 5 or younger (are/were) receiving educational services at this facility or at home from facility staff during the 1987-1988 school year?

PROBE: IF FACILITY IS RESIDENTIAL: Does that include both day and residential students?

|__|__|__|__| # HANDICAPPED STUDENTS AGE 5 OR YOUNGER

NONE.........(GO TO S.21)......0
DON'T KNOW...(GO TO S.19)...9998
REFUSED......(GO TO S.19)...9999

S.17 INTERVIEWER CHECK: IS THIS A RESIDENTIAL FACILITY? (IS QUESTION S.3 "YES"?)

YES...........................01

NO........(GO TO S.19)........00

S.18 How many of these (NUMBER OF STUDENTS FROM S.16) handicapped children age 5 or younger (are/were) day students?

PROBE: By day students we mean students that don't live at the facility.

|__|__|__|__| # OF DAY STUDENTS AGE 5 OR YOUNGER

NONE.........(GO TO S.19)......0
DON'T KNOW...(GO TO S.19)...9998
REFUSED......(GO TO S.19)...9999

S.19 Do these educational programs serve children ages 3 and 4?

YES...........................01

NO............................00

S.20 Do these programs serve children younger than 3?

YES...........................01

NO............................00

S.21 Are educational or training services provided for persons with handicaps between the ages of 6 and 17 at this facility or by facility staff at another location during the regular school day?

YES...........................01

NO.........(GO TO S.25).......00

S.22 (Including both day and residential students), how many handicapped persons between the ages of 6 and 17 (are/were) receiving these educational or training services during the 1987-1988 school year?

PROBE: IF FACILITY IS RESIDENTIAL: Does that include both day and residential students?

|__|__|__|__| # HANDICAPPED STUDENTS BETWEEN 6 AND 17

NONE.........(GO TO S.25)......0
DON'T KNOW...(GO TO S.25)...9998
REFUSED......(GO TO S.25)...9999

S.23 INTERVIEWER CHECK: IS THIS A RESIDENTIAL FACILITY? (IS QUESTION S.3 "YES"?)

YES..........................01

NO........(GO TO S.25)........00

S.24 How many of these (NUMBER OF STUDENTS FROM S.22) handicapped persons between the ages of 6 and 17 who (are/were) receiving educational or training services (are/were) day students?

PROBE: By day students we mean students that don't live at the facility.

|__|__|__|__| # DAY STUDENTS BETWEEN 6 AND 17

NONE..........................0
DON'T KNOW.................9998
REFUSED....................9999

S.25 Are educational or training services provided for persons with handicaps between the ages of 18 and 21 at this facility or by facility staff at another location during the regular school day?

YES..........................01

NO.........(GO TO S.29).......00

S.26 (Including both day and residential students), how many handicapped persons between the ages of 18 and 21 (are/were) receiving educational or training services at this facility during the 1987-1988 school year?

PROBE: IF FACILITY IS RESIDENTIAL: Does that include both day and residential students?

|__|__|__|__| # HANDICAPPED STUDENTS BETWEEN 18 AND 21

NONE.........(GO TO S.29)......0
DON'T KNOW...(GO TO S.29)...9998
REFUSED......(GO TO S.29)...9999

S.27 INTERVIEWER CHECK: IS THIS A RESIDENTIAL FACILITY? (IS QUESTION S.3 "YES"?)

YES...........................01

NO........(GO TO S.28a).......00

S.28 How many of these (NUMBER OF STUDENTS FROM S.26) handicapped persons between the ages of 18 and 21 who (are/were) receiving educational or training services (are/were) day students?

PROBE: By day students we mean students that don't live at the facility.

|__|__|__|__| # DAY STUDENTS BETWEEN 18 AND 21

NONE............................0
DON'T KNOW...................9998
REFUSED......................9999

S.28a At this point, I need to verify the figures for the various age groups.

INTERVIEWER: GO TO CHECK SHEET, PAGE 32.

S.29 Next, I would like to ask you about the types of handicaps of the students, aged 21 or younger, who (receive/received) educational services at this facility during the 1987-1988 school year.

Please tell me if any of the students in the programs at this facility have the following handicapping conditions as their primary handicapping condition. By "primary handicapping condition," we mean the single type of disability or handicap that most directly or most seriously affects the functioning and developmental potential of the child.

NOTE: THE DEFINITIONS PROVIDED DIFFER FROM THOSE USED BY THE U.S. DEPARTMENT OF EDUCATION. FACILITIES MAY USE THEIR OWN DEFINITIONS OF HANDICAPPING CONDITIONS.

S.29a (Are/Were) there any children with a primary handicapping condition of mental retardation?

READ IF NECESSARY: Mental retardation is defined as significantly subaverage I.Q. (below 70) with accompanying deficits in adaptive behavior.

YES............................01
NO.............................00
DON'T KNOW.....................98

S.29b (Are/Were) there any children with a primary handicapping condition of learning disabilities?

READ IF NECESSARY: Learning disabled is defined as normal or above normal I.Q. with academic progress significantly below one's mental age expectations that is not attributed to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

YES............................01
NO.............................00
DON'T KNOW.....................98

S.29c (Are/Were) there any children with a primary handicapping condition of speech or language impairment?

READ IF NECESSARY: Speech or language impairment is defined as serious communicative disorders of speech (e.g., articulation disorders, stuttering, or voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a non-primary language, relatively lower intelligence, or sensory impairment.

YES............................01
NO.............................00
DON'T KNOW.....................98

S.29d (Are/Were) there any children with a primary handicapping condition of autism?

READ IF NECESSARY: Autism or childhood schizophrenia is defined as major personality deviation from normal psychological, social and communicative development from early childhood that is differentiated from those of severe or profound mental retardation by being unassociated with any normal developmental stage; behavior is often characterized by detachment from other persons and ritualistic and compulsive nature (was included in the emotional disturbances category by the Department of Education until 1981).

YES............................01
NO.............................00
DON'T KNOW.....................98

S.29e (Are/Were) there any children with a primary handicapping condition of emotional disturbance or behavior disorders?

READ IF NECESSARY: Emotional disturbance or behavior disorders is defined as chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

YES............................01
NO.............................00
DON'T KNOW.....................98

S.29f (Are/Were) there any children with a primary handicapping condition of hearing impairment or deafness?

READ IF NECESSARY: Hearing impairment or deafness is defined as a hearing loss such that it is difficult or impossible to hear speech from a distance of more than a few feet without amplification, which by convention, generally includes those with a hearing loss of 26 decibels or more across the speech range and includes persons with deafness (those whose hearing impairment precludes successful processing of linguistic information through audition, with or without a hearing aid, and is generally associated with a hearing loss of 90 or more decibels across the speech range).

YES..........................01
NO...........................00
DON'T KNOW...................98

S.29g (Are/Were) there any children with a primary handicapping condition of orthopedic or physical impairment?

READ IF NECESSARY: Orthopedic or physical impairment is defined as nonsensory physical limitations of a severity such that special environmental adaptation, training, equipment or materials are required in performing normal activities of learning and daily living.

YES..........................01
NO...........................00
DON'T KNOW...................98

S.29h (Are/Were) there any children with a primary handicapping condition of visual impairment or blindness?

READ IF NECESSARY: Visual impairment or blindness is defined as maximally corrected visual acuity of 20/70 in the better eye, needing assistive devices or large type for reading activities, with serious limitations in major life activities due to impaired vision.

YES..........................01
NO...........................00
DON'T KNOW...................98

S.29i (Are/Were) there any children with a primary handicapping condition of deafness and blindness?

READ IF NECESSARY: Deaf-blind includes those persons with a maximum acuity in the better eye of 20/200 or less on a visual field of no greater than 20 degrees and a severe impairment in processing of linguistic information through audition, with or without a hearing aid (generally associated with a hearing loss of 90 or more decibels across the speech range).

YES	01
NO	00
DON'T KNOW	98

S.29j (Are/Were) there any children with (other) health impairments as their primary handicapping condition?

READ IF NECESSARY: Health impairments is defined as nonsensory chronic or acute health problems such as heart conditions, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes that require adaptations in the physical environment, activities, equipment, instructional materials, and services used in education and residential settings.

YES	01
NO	00
DON'T KNOW	98

S.29k (Are/Were) there any children who (are/were) primarily diagnosed as multi-handicapped, that is, they have two or more conditions that are equally handicapping?

READ IF NECESSARY: Multi-handicapped is defined as having two or more handicapping conditions that are of such severity that a single primary handicapping condition cannot be diagnosed.

YES	01
NO	00
DON'T KNOW	98

S.291 (Are/Were) there any handicapped or other children at the facility who were not included in the handicap categories I just asked about?

INTERVIEWER: IF YES, ASK RESPONDENT TO SPECIFY. RECORD INFORMATION ON SUPPLEMENTAL INFORMATION SHEET.

YES.........(SPECIFY).........01
NO..............................00
DON'T KNOW.....................98

>S.30a< Including both day and residential students, how many handicapped persons age 22 or older (are/were) enrolled in educational, vocational, or training programs specifically designed for handicapped adults during the 1987-1988 school year?

PROBE: Does that include both day and residential students?

|___|___|___|___| # HANDICAPPED ADULTS AGE 22 OR OLDER

NONE.........(GO TO S.32a).....0
DON'T KNOW...(GO TO S.32a)..9998
REFUSED......(GO TO S.32a)..9999

S.31

INTERVIEWER CHECK: IS THIS A RESIDENTIAL FACILITY? (IS QUESTION S.3 "YES"?)

YES.....................01

NO.....(GO TO S.32a)....00

S.32 How many of these (NUMBER OF STUDENTS FROM S.30a) handicapped persons 22 years old or older (are/were) day students?

|___|___|___|___| # DAY STUDENTS AGE 22 OR OLDER

NONE...........................0
DON'T KNOW..................9998
REFUSED.....................9999

S.32a Does (FACILITY NAME) provide other services besides the educational (and residential) program(s)?

YES............................01

NO.........(GO TO S.33).......00

S.32b What kinds of other services (are/were) provided?

FAMILY OR INDIVIDUAL COUNSELING.......01
TRANSPORTATION SERVICES................02
JOB PLACEMENT, TRAINING, AND/OR
  SUPPORT SERVICES.....................03
DIAGNOSTIC AND/OR EVALUATION
  SERVICES.............................04
OTHER [specify] ____________________...05

S.32c (Any other kinds of services provided?)

FAMILY OR INDIVIDUAL COUNSELING.......01
TRANSPORTATION SERVICES................02
JOB PLACEMENT, TRAINING, AND/OR
  SUPPORT SERVICES.....................03
DIAGNOSTIC AND/OR EVALUATION
  SERVICES.............................04
OTHER [specify] ____________________...05
NO OTHER SERVICES....(GO TO S.33).....00

S.32d (Any other kinds of services provided?)

FAMILY OR INDIVIDUAL COUNSELING.......01
TRANSPORTATION SERVICES................02
JOB PLACEMENT, TRAINING, AND/OR
  SUPPORT SERVICES.....................03
DIAGNOSTIC AND/OR EVALUATION
  SERVICES.............................04
OTHER [specify] ____________________...05
NO OTHER SERVICES....(GO TO S.33).....00

S.32e (Any other kinds of services provided?)

FAMILY OR INDIVIDUAL COUNSELING............01
TRANSPORATION SERVICES.....................02
JOB PLACEMENT, TRAINING, AND/OR
SUPPORT SERVICES........................03
DIAGNOSTIC AND/OR EVALUATION
SERVICES................................04
OTHER [specify] ______________________...05
NO OTHER SERVICES.....(GO TO S.33)........00

S.32f (Any other kinds of services provided?)

FAMILY OR INDIVIDUAL COUNSELING............01
TRANSPORATION SERVICES.....................02
JOB PLACEMENT, TRAINING, AND/OR
SUPPORT SERVICES........................03
DIAGNOSTIC AND/OR EVALUATION
SERVICES................................04
OTHER [specify] ______________________...05
NO OTHER SERVICES.....(GO TO S.33)........00

S.33 Is the facility operated by a public agency?

YES..............................01

NO.........(GO TO S.33n).........00

S.33y **Is that a state education agency (SEA), a local education agency (LEA) or school district, a group of LEA's such as a regional agency, consortium of school districts, or an intermediate education unit (IEU), or a public agency other than an SEA, LEA or IEU?**

STATE EDUCATION AGENCY (SEA)..............01
LOCAL EDUCATION AGENCY (LEA)
OR SCHOOL DISTRICT.....................02
GROUP OF LEA'S OR INTERMEDIATE
EDUCATION UNIT (IEU)...................03
OTHER STATE AGENCY.......................04
COUNTY/REGIONAL AGENCY...................05

* * * * * * * * * * * * **ALL GO TO S.34** * * * * * * * * * * *

S.33n Is the facility operated by an individual, partnership or family, a private for-profit corporation, a religious organization, another private not-for-profit organization, or some other type of organization?

INDIVIDUAL, PARTNERSHIP OR FAMILY...01
PRIVATE FOR-PROFIT CORPORATION......02
RELIGIOUS ORGANIZATION..............03
ANOTHER PRIVATE NOT-FOR-PROFIT
  ORGANIZATION......................04
OTHER [specify] ________________...05

S.33a Does the facility accept private placements or referrals, for example, by parents?

YES..........................01

NO.........(GO TO S.34).......00

S.33b How many handicapped persons at (FACILITY NAME) age 21 or younger were placed privately during the 1987-1988 school year?

|__|__|__|__| # HANDICAPPED AGE 0-21
PLACED PRIVATELY

NONE.........................0
DON'T KNOW..................9998
REFUSED.....................9999

S.34 Are there any other educational facilities exclusively or primarily for children with handicaps under the same administration as this facility?

YES..........................01

NO.........(GO TO S.35).......00

S.34a We would like to make sure our list of educational facilities is complete. Would you please give me the names, addresses, and telephone numbers of any other educational facilities for students with handicaps that are under the administration responsible for this facility?

IF RESPONDENT CANNOT PROVIDE INFORMATION ON SEPARATE FACILITIES ASK: Would you please give me the name, address, and telephone number of the administrative organization that is responsible for this facility?

INTERVIEWER, RECORD INFORMATION ON SUPPLEMENTARY INFORMATION SHEET.

S.35 Thank you for your cooperation in this phase of the study. Based on the information you gave me today, we will be sending you a questionnaire for (residential/day) programs and short forms for the following primary disabilities or handicaps:

INTERVIEWER: READ ONLY CONDITIONS THAT WERE CODED YES IN S.29a-S.29k.

Mental Retardation (S.29a)
Learning disabled (S.29b)
Speech or Language Impairment (S.29c)
Autism or Childhood Schizophrenia (S.29d)
Emotional Disturbance or Behavior Disorders (S.29e)
Hearing Impairment or Deafness (S.29f)
Orthopedic or Physical Impairment (S.29g)
Visual Imparment or Blindness (S.29h)
Deafness and Blindness (S.29i)
Health Impairments (S.29j)
Multi-handicapped (S.29k)

S.35x These forms will be used to count the students at (FACILITY NAME) so that each student is reported in one and only one primary handicap group.

Are these the correct questionnaire forms to send you?

YES.................................01
NO......(IF INCORRECT: GO BACK
TO APPROPRIATE QUESTIONS
AND CORRECT.)...............00

S.35y We hope that you will take the time to provide the additional information requested on the questionnaire. As a token of our appreciation, all participating facilities will be provided with an executive summary of the results of this study.

S.35a Should the questionnaire materials be sent to you?

YES.......(GO TO S.35d).......01

NO............................00

S.35b To whom should the materials be sent?

RECORD NAME: ______________________________

INTERVIEWER: BE SURE TO RECORD DR./MR./MS./MRS. AND VERIFY SPELLING.

S.35c What is (his/her) title?

RECORD JOB TITLE: ______________________________

* * * * * * * * * * ALL GO TO S.35F * * * * * * * * * *

S.35d Your title is (FILL FROM CONTACT SHEET), is that correct?

YES.......(GO TO S.35f).......01

NO............................00

S.35e **What is your title?**

RECORD JOB TITLE: ______________________________

S.35f And they should be sent to (FACILITY NAME)?

YES.......(GO TO S.35h).......01
NO............................00

S.35g What is the name of the facility to which the material should be sent?

RECORD NAME OF FACILITY: ______________________________

S.35h And the facility's current address is (LABEL ADDRESS)?

YES.......(GO TO S.35k.)......01
NO............................00

S.35i RECORD STREET ADDRESS: ______________________________

S.35j RECORD P.O. BOX OR SECOND LINE OF ADDRESS: ________________

S.35k And the city is (CITY ON LABEL)?

YES.......(GO TO S.35m).......01
NO............................00

S.35l RECORD CITY: ______________________________

S.35m And the state is (STATE ON LABEL)?

YES.......(GO TO S.35o)......01
NO............................00

S.35n RECORD STATE: ______________________________

<AL> ALABAMA
<AK> ALASKA
<AZ> ARIZONA
<AR> ARKANSAS
<CA> CALIFORNIA
<CO> COLORADO
<CT> CONNECTICUT
<DE> DELAWARE
<FL> FLORIDA
<GA> GEORGIA
<HA> HAWAII
<ID> IDAHO
<IL> ILLINOIS
<IN> INDIANA
<IA> IOWA
<KS> KANSAS
<KY> KENTUCKY
<LA> LOUISIANA
<ME> MAINE
<MD> MARYLAND
<MA> MASS.
<MI> MICHIGAN
<MN> MINNESOTA
<MS> MISSISSIPPI
<MO> MISSOURI
<MT> MONTANA
<NE> NEBRASKA
<NV> NEVADA
<NH> NEW HAMPSHIRE
<NJ> NEW JERSEY
<NM> NEW MEXICO
<NY> NEW YORK
<NC> NORTH CAROLINA
<ND> NORTH DAKOTA
<OH> OHIO
<OK> OKLAHOMA
<OR> OREGON
<PA> PENNSYLVANIA
<RI> RHODE ISLAND
<SC> SOUTH CAROLINA
<SD> SOUTH DAKOTA
<TN> TENNESSEE
<TX> TEXAS
<UT> UTAH
<VT> VERMONT
<VA> VIRGINIA
<WA> WASHINGTON
<WV> WEST VIRGINIA
<WI> WISCONSIN
<WY> WYOMING

S.35o And the zip code is (ZIP CODE ON LABEL)?

YES........(GO TO END)........01

NO............................00

S.35p RECORD ZIP CODE: ______________________________

* * * * * * * * * * ALL GO TO END * * * * * * * * * *

S.36 Is your organization an administrative unit responsible for facilities serving persons with handicaps?

YES...........................01

NO.........(GO TO S.38).......00

S.37 We are interested in the facilities under the administration of your organization that provide residential or education services primarily or exclusively to handicapped persons up to age 22.

a. Would you please give me the name, address and telephone number of each such facility?

b. (FOR EACH FACILITY, ASK) What is the name of the director or principal at (FACILITY NAME)?

c. (FOR EACH FACILITY, ASK) Is (FACILITY NAME) residential only with no educational services provided at the facility, a residential school, or a day facility?

d. (FOR EACH FACILITY, ASK) Could you please estimate the number of handicapped persons age 21 or younger served by (FACILITY NAME)?

INTERVIEWER: RECORD INFORMATION ON SUPPLEMENTARY INFORMATION SHEET.

* * * * * * * * * * GO TO S.39 * * * * * * * * * *

S.38 Could you please describe what (FACILITY NAME) does?

INTERVIEWER: RECORD INFORMATION ON SUPPLEMENTARY INFORMATION SHEET.

S.39 Thank you for participating in this study. We have no more questions at this time.

END Thank you again for your time. The questionnaire will be sent out in a few days.

LETTER SENT WITH MAIL QUESTIONNAIRES

Dear

Thank you for participating in the Study of Programs of Instruction for Handicapped Children and Youth in Day and Residential Facilities. As you may recall, Mathematica Policy Research, Inc. is conducting this national survey of facilities, both public and private, providing educational programs for handicapped children and youth. It will provide up-to-date, accurate, and detailed information about such facilities for policy makers at the U.S. Department of Education and elsewhere.

Based on information provided to us during our recent telephone interview, we have enclosed a main questionnaire designed for the program at your facility and separate population modules for the primary handicapping conditions of the children your facility served during the 1987-88 school year. While the questionnaire is lengthy and there are many demands on your time and that of your staff, it is anticipated that most facilities will be able to complete the main questionnaire in about one to two hours and the population modules will take about 15 minutes each. If, after your review, you feel that it will take you significantly longer to complete the questionnaire materials, please call me collect. Together we can work out a strategy to reduce the burden on you and your staff.

There may be some questions for which you do not have information. If so, please note this next to such questions and complete the remainder of the questionnaire. To protect confidentiality, the survey results will be reported in aggregate form only and individual facilities will not be identified. There is an identification label on each questionnaire. Please do not remove this label; it will be used to record that the questionnaire has been received so that we do not send another.

When you have completed the main questionnaire and the module(s), please return them in the pre-addressed, postage-paid envelope provided in this packet. To complete our report in a timely way, we ask that you return your completed questionnaire by

We appreciate your taking the time to participate in this study. As a token of our appreciation, participating facilities will be provided with an executive summary of the results of the survey. If you have any questions about the study or the questionnaire materials, please call me collect at (609) 799-3535.

Sincerely,

Susan A. Stephens, Ph.D.
Project Director

encls.

MAIN QUESTIONNAIRE FOR RESIDENTIAL FACILITIES WITH DAY PROGRAMS, MAIL VERSION

OMB Clearance #: 1820-0559
MPRI #: 939

SURVEY OF FACILITIES SERVING CHILDREN AND YOUTH WITH HANDICAPS

MAIN QUESTIONNAIRE FOR RESIDENTIAL FACILITIES WITH DAY PROGRAMS

INSTRUCTIONS

TOPICS COVERED IN QUESTIONNAIRE:
This questionnaire contains questions on administrative characteristics of the facility, services and activities for students, numbers and background of staff, movement of students into and out of the facility, and changes in the facility's programs since 1976. We appreciate your care in providing as accurate information as possible. If, however, some of the requested information is not available, please note this on the questionnaire and answer the remaining questions.

PACKET MATERIALS:
Based on information provided to Mathematica Policy Research (MPR) during an earlier telephone interview, we have sent you this questionnaire for residential facilities with day education programs. If your program offers no residential services or if there are no education programs during the normal school day on campus for persons with handicaps 21 years or younger, please call Dr. Susan Stephens collect at 609-799-3535 to correct our information and receive the appropriate questionnaire.

POPULATION MODULES:
In the packet you will also find one or more separate short population modules designed to collect information on the types of handicaps of the children and youth in your facility. Again, these population modules for this facility were determined as appropriate for the facility during the earlier telephone interview.

TIME FRAME:
The questions in this survey refer to the 1987-1988 regular school year unless otherwise specified.

WHO SHOULD COMPLETE THE QUESTIONNAIRE:
The director and/or knowledgeable facility staff.

CONFIDENTIALITY OF FACILITY RESPONSES:
To protect confidentiality, the survey results will be reported in aggregate form only and individual facilities will not be identified.

QUESTIONNAIRE LABEL:
There is an identification label on each questionnaire. Please do not remove this label; it will be used to record that the questionnaire has been received so that we do not send another.

MAILING PROCEDURES:
Please complete the main questionnaire and the population modules and return them all in the enclosed preaddressed, post-paid envelope.

IF YOU HAVE QUESTIONS ABOUT THE STUDY OR THE QUESTIONNAIRES:
Please call Dr. Susan Stephens collect at 609-799-3535.

A. ADMINISTRATIVE CHARACTERISTICS

A.1 Please indicate, by circling all that apply, the agencies or organizations by which the facility is currently certified or licensed to serve children:

	CIRCLE ALL THAT APPLY
By the state department of education.	01
By the state Medicaid agency (as an ICF, ICF-MR, hospital, or a Skilled Nursing Facility certified for reimbursement for the cost of services through Medicaid).	02
By the state department of public welfare, social services, child welfare, or human services	03
By state program agencies (such as the division or department of mental retardation, mental health, developmental disabilities, services to the blind, etc.).	04
By the state department of health	05
By other state departments or agencies. . . . . (Please specify the other state departments or agencies)	06
____	
____	
By county or local welfare or community service agencies	07
By county or local departments of health.	08
By other county or local government agencies. . . . . (Please specify the other county or local government agencies)	09
____	
____	

A.2 Please list below the names of any associations or organizations from which the facility currently holds formal accreditation.

____

____

____

A.3 ☐ Please check here if the facility has no day students and skip to question A.4.

A.3a Please indicate the total number of day students age 21 or younger who are in each of the following residential settings:

	NUMBER OF STUDENTS AGE 21 OR YOUNGER
Natural or adoptive home.	|_______|
	+
Foster home	|_______|
	+
Small group residence (6 or fewer residents).	|_______|
	+
Medium group residence (7 to 15 residents)	|_______|
	+
Large private facility (16 or more residents).	|_______|
	+
Large public facility (16 or more residents).	|_______|
	+
Other type of residence	|_______|
	+
Current Residence Unknown	|_______|
	=
TOTAL DAY STUDENTS AGE 21 OR YOUNGER	|_______|

A.4 **Please indicate the number of residents ages 0 to 21 in each category according to the geographic area in which the custodial parents or guardians live:**

NUMBER OF RESIDENTS
ACCORDING TO PARENTS' OR
GUARDIANS' RESIDENCE

From within the local school district . . . . . . |__________|

+

IF THE LOCAL SCHOOL DISTRICT IS SMALLER THAN THE LOCAL COMMUNITY OR COUNTY: From within the remainder of local community or county but outside the local school district. . . . . |__________|

+

From other counties within the state . . . . |__________|

+

From adjacent states . . . . |__________|

+

From non-adjacent states . . . . |__________|

+

From other countries . . . . |__________|

+

Unknown or facility is custodian or guardian . . . |__________|

=

TOTAL RESIDENTS 0-21 YEARS OLD . . . . |__________|

B. SERVICES AND ACTIVITIES

B.1 Please indicate the total number of day and residential students in each age group at your facility.

DAY AND RESIDENTIAL STUDENTS

Age 0-5		Age 6-17		Age 18-21		Age 0-21
	+		+		=	

B.2a ☐ Please check here if your facility has no residents or day students 0 to 5 years old and then skip to question B.3a.

Off-Campus Programs for 0-5 Years Olds.

B.2b Please indicate the total number of residents and day students 0 to 5 years old who attend off-campus educational or developmental programs. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no residents or day students age 0 to 5 years old attend off-campus programs please enter zero (0) and skip to question B.2d.

|______________|
# 0 TO 5 YEAR OLDS ATTENDING PROGRAMS OFF CAMPUS

B.2c Of the residents and day students 0 to 5 years old attending educational or developmental programs off-campus, please indicate the number attending the following types of programs during the regular school day. If a student is part-time in more than one type of program, please count that student in each program.

	# FULL-TIME OFF CAMPUS (30 HOURS OR MORE/WEEK)	# PART-TIME OFF CAMPUS (3 TO 29 HOURS/WEEK)
Special education or other therapeutic preschool/day activity programs.		
Regular preschool/day care programs.		
Combined special education and regular preschool/day care programs.		
Other programs (Please describe)		

____

____

Facility Programs for 0-5 Year Olds

B.2d **Of the residents and day students 0 to 5 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive education/training.** The primary teaching arrangement is the one in which students spend the greatest amount of their education/training time.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (0 TO 5 YEARS OLD)
Group teaching in educational/developmental classes of 12 or more students on the grounds of the facility		|__________|
Group teaching in educational/developmental classes of 6-11 students on the grounds of the facility.		+ |__________|
Group teaching in educational/developmental classes of 2-5 students on the grounds of the facility.		+ |__________|
Individual (one-on-one) teaching in the educational unit of the facility.		+ |__________|
Individual "homebound" teaching in the residential or health care unit of the facility.		+ |__________|
o Please indicate the average number of hours per day of "homebound" instruction for these students.	|_____| HOURS PER DAY	
Instruction by facility staff at off-campus sites		+ |__________|
Instruction by other staff at off-campus sites		+ |__________|
Residents with no educational/developmental training program, either on or off-campus . .		+ |__________|
Other teaching situations (Please describe) . ______________________________ ______________________________		+ |__________|
TOTAL RESIDENTS AND DAY STUDENTS 0-5 YEARS OLD..		= |__________|

B.3a ☐ Please check here if your facility has no residents or day students 6 to 17 years old and then skip to question B.4a.

Off-Campus Programs for 6-17 Years Olds.

B.3b Please indicate the total number of residents and day students 6 to 17 years old who attend off-campus educational, vocational or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no residents or day students age 6 to 17 years old attend off-campus programs please enter 0 (zero) and skip to question B.3d.

|______|
6 TO 17 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.3c Of the residents and day students 6 to 17 years old attending educational, developmental, or vocational programs off campus, please indicate the number attending the following types of programs during the regular school day. If a student is part-time in more than one type of program, please count that student in each program.

	# FULL-TIME OFF CAMPUS (30 HOURS OR MORE/WEEK)	# PART-TIME OFF CAMPUS (3 TO 29 HOURS/WEEK)
Special education classes in separate special education facilities		
Special education classes in schools with regular education classes		
Regular education classes.		
Day activity centers		
Sheltered workshops.		
Unpaid vocational training programs.		
Supervised, paid work in non-sheltered settings		
Other educational/vocational/developmental programs (Please describe)		

____

____

Facility Programs for 6-17 Year Olds

B.3d **Of the residents and day students 6 to 17 years old receiving educational services provided at this facility,** please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which students spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT	NUMBER OF STUDENTS (6 TO 17 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility	
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.	+
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.	+
Individual (one-on-one) teaching in the educational unit of the facility.	+
Individual "homebound" teaching in the residential or health care unit of the facility.	+
o Please indicate the average number of hours per day of "homebound" instruction for these students. ______ HOURS PER DAY	
Instruction by facility staff at off-campus sites	+
Instruction by other staff at off-campus sites	+
Residents with no educational/vocational/developmental program either on or off-campus . .	+
Other primary educational/vocational/developmental programs (Please describe).	+
______________________________ ______________________________	=
TOTAL RESIDENTS AND DAY STUDENTS 6-17 YEARS OLD. .	

B.4a ☐ Please check here if your facility has no residents or day students 18 to 21 years old and then skip to question B.5.

Off-Campus Programs for 18-21 Years Olds.

B.4b Please indicate the total number of residents and day students 18 to 21 years old who attend off-campus educational, vocational, or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no residents or day students age 18 to 21 years old attend off-campus programs, please enter 0 (zero) and skip to question B.4d.

|____________|
# 18 TO 21 YEAR OLDS ATTENDING PROGRAMS OFF CAMPUS

B.4c Of the residents and day students 18 to 21 years old attending educational, vocational or developmental programs off campus, please indicate the number attending the following types of programs during the regular school day. If a student is part-time in more than one type of program, please count that student in each program.

	# FULL-TIME OFF CAMPUS (30 HOURS OR MORE/WEEK)	# PART-TIME OFF CAMPUS (3 TO 29 HOURS/WEEK)
Special education classes in separate special education facilities	|______|	|______|
Special education classes in schools with regular education classes	|______|	|______|
Regular secondary school classes	|______|	|______|
College or post-secondary technical schools.	|______|	|______|
Unpaid vocational training programs (Other than technical schools)	|______|	|______|
Supervised, paid work in non-sheltered settings	|______|	|______|
Sheltered workshops.	|______|	|______|
Day activity centers	|______|	|______|
Other educational/vocational/developmental programs (Please describe)	|______|	|______|

____

____

Facility Programs for 18-21 Year Olds

B.4d Of the residents and day students 18 to 21 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which they spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT	NUMBER OF STUDENTS (18 TO 21 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility	|______|
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.	+ |______|
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.	+ |______|
Individual (one-on-one) teaching in the educational unit of the facility.	+ |______|
Individual "homebound" teaching in the residential or health care unit of the facility.	+ |______|
o Please indicate the average number of hours per day of "homebound" instruction for these students. |______| HOURS PER DAY	+
Instruction by facility staff at off-campus sites	|______|
Instruction by other staff at off-campus sites	+ |______|
Residents with no educational/vocational/developmental training program, either on or off-campus	+ |______|
Other primary educational/vocational/developmental training programs (Please describe)	+ |______|
______________________________	
______________________________	=
TOTAL RESIDENTS AND DAY STUDENTS 18-21 YEARS OLD. .	|______|

B.5 Please indicate in column A the number of residents and day students who participated during the past month, or the last month in the 1987-1988 school year, at this facility or elsewhere, in the following activities organized by classroom teachers, or residential or recreational staff. Please indicate in column B the number of the participating students who interacted with non-handicapped peers during the activity. Record "zero" (0) if no students participated in an activity or if the activity did not involve any non-handicapped peers.

	A. NUMBER OF RESIDENTS AND DAY STUDENTS 21 OR YOUNGER PARTICIPATING PER MONTH	B. NUMBER OF STUDENTS IN COLUMN A WHO PARTICIPATED WITH NON-HANDICAPPED PEERS
Social activities such as parties.	|______|	|______|
Participation in dance, music, or drama.	|______|	|______|
Participation in organized physical exercise or games.	|______|	|______|
Participation in field trips.	|______|	|______|
Attendance at other off-campus events.	|______|	|______|
Participation in competitive sports	|______|	|______|
Participation in special interest clubs or activities.	|______|	|______|

Please list any other non-instructional activities and the number of children who participated in the past month.

____________________	|______|	|______|
____________________	|______|	|______|
____________________	|______|	|______|

B.6 Please indicate the number of times during the past month, or the last month in the 1987-1988 school year, that students at the facility were transported to off-campus activities by:

	NUMBER OF TIMES PER MONTH
The facility's own transportation service	|__________|
Transportation provided by parents or volunteers	|__________|
Transportation provided by local school authorities.	|__________|
Transportation provided by other public agencies	|__________|

B.7 Please indicate how many times per calendar year on the average the following types of evaluations are performed for students at this facility.

	AVERAGE NUMBER OF TIMES A YEAR PER STUDENT
Measurement of progress toward individual education goals (through tests, formal observations, and other evaluations).	|__________|
Re-evaluation or revision of individual education goals, programs, and related services.	|__________|
Formal written reports to parents, guardians, or surrogate parents regarding the students' progress.	|__________|
Meetings with parents, guardians, or surrogate parents regarding the students' progress.	|__________|
Formal meetings with representatives of the LEA or other education agency to report on reevaluations of individual education goals and/or students' progress . .	|__________|

B.8a **Please indicate, by circling all that apply, the services that are generally provided by this facility to exiting residents or day students:**

	CIRCLE ALL THAT ARE PROVIDED
Arranging for transfer of records to another facility or organization.	01
Visiting new placement with exiting resident or student	02
Training in skills and behaviors specifically required by new placement.	03
Involving parents in planning and preparation for transfer to new placement	04
Following up to determine success of the student in the new placement	05
Joint planning with the LEA for an appropriate placement and transition.	06
Providing back-up or additional services after move to new placement in case of problems	07
Guidance and vocational counseling.	08
Job placement services.	09
Referrals to state vocational rehabilitation counselors	10

B.8b Please list any other services generally provided to exiting residents or day students.

C. ENTRANCES AND DEPARTURES OF RESIDENTS AND DAY STUDENTS

C.1 Please describe the characteristics (age ranges, handicapping conditions, functioning skills, behavioral patterns) of children that are required for admission to this facility. Please also describe those characteristics that would exclude children from admission to this facility and the requirements for release or conditions for mandatory dismissal (e.g., age, academic performance, developmental achievement, etc.)

REQUIREMENTS FOR ADMISSION:

____

____

____

EXCLUDED FROM ADMISSION:

____

____

____

CONDITIONS FOR RELEASE OR DISMISSAL:

____

____

____

C.1a Please indicate, by circling the most appropriate code, the current relationship between referrals or applications and student openings or capacity.

	CIRCLE ONE
There are currently fewer referrals or applications than student openings.	01
There are currently about the same number of referrals or applications as student openings	02
There are currently more referrals or applications than student openings	03

C.2 Please indicate the average length of residence for residents age 21 or younger who have left your facility in the last 3 years. Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in residence.

AVERAGE LENGTH OF RESIDENCE |__________| YEARS

C.3 NEW RESIDENT ADMISSIONS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.3a Please indicate the number of residents 21 years of age or younger who entered the facility as residents for the first time between January 1, 1987 and December 31, 1987 according to age category.

Birth to Age 2		3-5 Years		6-11 Years		12-17 Years		18-21 Years		TOTAL RESIDENTS ADMITTED AGE 21 OR YOUNGER
|______|	+	|______|	+	|______|	+	|______|	+	|______|	=	|______|

C.3b Please indicate the number of new residential admissions during the same time period according to their previous place of residence.

Natural or Adoptive Home		Foster Home		Small Group Residence (6 or fewer residents)		Medium Group Residence (7 to 15 residents)		Large Private Facility (16 or more residents)		Large Public Facility (16 or more residents)		Other Types of Residence		Previous Residence Unknown		TOTA RESIDE ADMITTE AGE 21 YOUNG
|____|	+	|____|	+	|____|	+	|____|	+	|____|	+	|____|	+	|____|	+	|____|	=	|____

C.3c Please indicate the number of new residential admissions during the same time period according to their previous educational placement.

Regular Class or Regular Class & Resource Room		Special Class in Regular School		Special Day School		Residential School		Home-based Instruction		Other Educational Placement		No Instruction		Previous Educational Placement Unknown		TO RESI ADMI AGE YOUN
|_____|	+	|_____|	+	|_____|	+	|_____|	+	|_____|	+	|_____|	+	|_____|	+	|_____|	=	|___

C.4 Please indicate the number of residents with handicaps 21 years of age or younger who re-entered your facility between January 1, 1987 and December 31, 1987 who had previously resided there. Please exclude residents who returned from normal program breaks such as summer vacation or other temporary absences or who had been placed outside the facility for temporary treatment.

|__________| READMISSIONS RESIDENTS ONLY

C.5 FORMAL RELEASES OF RESIDENTS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.5a Please indicate the number of residents 21 years of age or younger who were formally released or discharged from this facility between January 1, 1987 and December 31, 1987 according to age category.

Birth to Age 2		3-5 Years		6-11 Years		12-17 Years		18-21 Years		TOTAL FORMAL RELEASES AGE 21 OR YOUNGER
______	+	______	+	______	+	______	+	______	=	______

C.5b Please indicate the number of formally released residents during the same time period according to their new place of residence.

Natural or Adoptive Home		Foster Home		Small Group Residence (6 or fewer residents)		Medium Group Residence (7 to 15 residents)		Large Private Facility (16 or more residents)		Large Public Facility (16 or more residents)		Other Types of Residence		New Residence Unknown		TOTAL FORMAL RELEASES AGE 21 OR YOUNGER
____	+	____	+	____	+	____	+	____	+	____	+	____	+	____	=	____

C.6 ☐ **Please check here if the facility has no day students and skip to question C.10.**

C.7 **Please indicate the average number of years of enrollment of day students who have left your facility in the last 3 years. Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in enrollment.**

AVERAGE LENGTH OF ENROLLMENT OF DAY STUDENTS |________| YEARS

C.8 NEW DAY STUDENT ADMISSIONS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.8a Please indicate the number of day students with handicaps age 21 or younger who entered the facility for the first time between January 1, 1987 and December 31, 1987 according to age category.

Birth to Age 2		3-5 Years		6-11 Years		12-17 Years		18-21 Years		TOTAL DAY STUDENTS ADMITTED
	+		+		+		+		=	

C.8b Please indicate the number of new day student admissions during the same time period according to their previous educational placement.

Regular Class or Regular Class & Resource Room		Special Class in Regular School		Special Day School		Residential School		Home-based Instruction		Other Educational Placement		No Instruction		Previous Educational Placement Unknown		TOTA DAY STU ADMITT AGE 2 YOUN
	+		+		+		+		+		+		+		=	

C.9 Please indicate the number of previously enrolled day students with handicaps 21 years of age or younger who re-entered your facility between January 1, 1987 and December 31, 1987. Please exclude day students who returned from normal program breaks such as summer vacation or other temporary absences.

|________| READMISSIONS DAY STUDENTS ONLY

C.10 Please indicate the number of residents and day students who were formally released or transferred out of this facility, between January 1, 1987 and December 31, 1987 according to their next educational or vocational placement or experience. Please include those students who completed their educational programs or were formally transferred to another educational setting. Please exclude those who were temporarily not present, but who were not formally transferred or released and for whom the school retained a place.

	NUMBER OF FORMAL TRANSFERS OR RELEASES	
NEW PLACEMENT	Number of Formal Transfers or Releases Age 17 or Younger	Number of Formal Transfers or Releases Age 18 to 21
Regular Class or Regular Class and Resource Room		
	+	+
Special Class in a Regular School.		
	+	+
Special Day School.		
	+	+
Residential School.		
	+	+
College or University Degree Program.		
	+	+
Home-based Instruction.		
	+	+
Competitive Work.		
	+	+
Supported or Subsidized Work. . . .		
	+	+
Sheltered Employment (Workshop) . .		
	+	+
Day Activity Center		
	+	+
Vocational Training		
	+	+
No Placement or Program		
	+	+
Placement Unknown		
TOTAL FORMAL TRANSFERS BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987	=	=

D. STAFF AND BUDGET

D.1 Please indicate the number of regular, visiting, itinerant, and substitute staff and the average number of hours worked per week per staff member for each job category. Please exclude staff of sponsoring or managing agencies who are not actually involved in the operation of the facility. Record a "zero" (0) if there are no regular or visiting staff in a job category.

		TOTAL NUMBER OF REGULAR AND VISITING STAFF	AVERAGE HOURS PER WEEK PER STAFF MEMBER
D.1a	Administrative Staff		
	Principals, directors, assistants, department or unit heads, accountants, admissions personnel, secretaries, etc.		
D.1b	Direct Residential Care Staff		
D.1c	Operations and Transportation Staff		
	Custodial and maintenance staff, food service staff, transportation staff, etc.		
D.1d	Instructional and Classroom Staff		
	Classroom teachers certified by the state in special education		
	Classroom teachers certified by the state in regular education but not special education		
	Classroom teachers not certified by the state		
	Classroom assistants, paraprofessionals or aides		
	Personal care assistants		
	Interpreter aides, readers, or tutors		
	Instructional consultants and in-service trainers		
	Other instructional staff (Please specify)		

D.1e **Support and Related Services Staff**

	TOTAL NUMBER OF REGULAR AND VISITING STAFF	AVERAGE HOURS PER WEEK PER STAFF MEMBER
Psychologists and behavior modification specialists		
Psychiatrists.		
Counselors and social workers.		
Physical therapists.		
Occupational therapists.		
Speech and language therapists		
Transition/community living skills trainers		
Vocational specialists		
Remedial academics teachers.		
Physical education and recreation teachers/therapists.		
Music and art teachers/therapists. . . .		
Librarians and media specialists		
Physicians		
Dentists		
Medical and dental nurses and technicians.		
Low vision specialists and mobility trainers.		
Audiologists and other hearing specialists.		
Educational or related services consultants and trainers		
Other support and related services staff (Please specify)		

____

____

D.1f Volunteer Staff		

D.2 For each of the following categories of staff, please indicate the number of new staff members hired to replace departing staff members between January 1, 1987 and December 31, 1987.

NEW STAFF HIRED IN 1987
TO REPLACE DEPARTING STAFF

Direct Residential Care Staff
(as indicated in question D.1.b). . . . . |______|

Instructional and Classroom Staff
(as indicated in question D.1.d). . . . . |______|

D.3 For each of the following categories of staff, please indicate the average number of hours of in-service training per staff member provided by the facility between January 1, 1987 and December 31, 1987. Please include such activities as enrollment in job-related courses, workshops or conferences, as well as training or instruction provided at this facility or elsewhere and reimbursed by the facility. Do not include orientation and training provided to new staff members.

AVERAGE HOURS PER
STAFF MEMBER IN 1987
OF IN-SERVICE TRAINING

Direct Residential Care Staff
(as indicated in question D.1.b). . . . . |______|

Instructional and Classroom Staff
(as indicated in question D.1.d). . . . . |______|

Support and Related Services Staff
(as indicated in question D.1.e). . . . . |______|

D.4 Please indicate the total operating budget for this facility during the last fiscal year.

$______________________________
TOTAL OPERATING BUDGET

D.5 Please indicate the annual charge, including tuition, for a residential student. Enter "zero" (0) if there are no charges.

If charges or fees vary by in-state and out-of-state residence, please indicate the in-state charges or fee on line a and the out-of-state charges or fee on line b. If charges or fees do not vary, enter the annual charge or fee on line a.

a. $____________________
ANNUAL RESIDENTIAL STUDENT CHARGE OR FEE (INCLUDING TUITION) FOR ALL STUDENTS OR IN-STATE STUDENTS

b. $____________________
ANNUAL RESIDENTIAL STUDENT CHARGE OR FEE (INCLUDING TUITION) FOR OUT-OF-STATE STUDENTS

D.6 Please indicate the annual charge or fee, if any, for tuition for a day student. Enter "zero" (0) if there are no charges.

$____________________
ANNUAL DAY STUDENT TUITION

D.7 Please indicate whether the educational services provided at this facility are paid out of this facility's operating budget.

	CIRCLE ONE
Education services are part of this facility's operating budget	01 --> PLEASE ANSWER QUESTION D.7b NEXT
Education services are not part this facility's operating budget	02 --> PLEASE ANSWER QUESTION D.7a NEXT
Some education services are part of this facility's operating budget and some are paid by another agency.	03 --> PLEASE ANSWER QUESTION D.7a NEXT

D.7a **Please enter the name of the agency or organization paying for the educational services provided at this facility. Leave blank if not applicable.**

____

____

D.7b Please indicate the total annual cost per student of providing the educational services, not including costs for residential and other services provided by the facility.

$ ____________________
AVERAGE ANNUAL COST OF
EDUCATIONAL SERVICES
PER STUDENT

D.8 Please indicate which of the following items are included in the annual cost of educational services.

	CIRCLE ALL THAT APPLY
Instructional staff (teachers and aides).	01
Instructional supplies and equipment.	02
Medical and nursing care.	03
Related services personnel, supplies, and equipment . . .	04
Food services	05
Transportation.	06
Administration.	07
Facility operation and maintenance.	08
Facility modification and improvement	09
Other educational cost items (Please specify)	10

____

____

D.9 Please provide the annual cost per resident of providing residential and other services excluding educational services.

$ ____________________

AVERAGE ANNUAL COST OF RESIDENTIAL AND OTHER SERVICES PER RESIDENT

D.10 Please indicate which of the following items are included in the annual cost of residential services.

	CIRCLE ALL THAT APPLY
Residential services staff	01
Medical and nursing care	02
Related services personnel, supplies, and equipment. . .	03
Food services.	04
Transportation	05
Administration	06
Facility operations and maintenance.	07
Facility modification and improvement.	08
Other residential cost items (Please specify).	09

____

____

____

E. OTHER FACILITY CHARACTERISTICS AND EXPERIENCES

E.1 Please describe the particular aspects of this facility's program, compared to programs available elsewhere, which make important or unique contributions to the education of students with handicaps. Please attach additional pages as necessary.

____

____

____

____

E.2 Please indicate the extent to which the following problem areas affect your facility:

	CIRCLE ONE RESPONSE PER LINE			
Problem Area	Very Serious Problem	Substantial Problem	Minor Problem	Not a Problem
Recruiting professional staff with the necessary certification in special education or related services	01	02	03	04
Recruiting professional staff with the necessary expertise for your particular program	01	02	03	04
Turnover of residential care staff, if any	01	02	03	04
Turnover of instructional and classroom staff.	01	02	03	04
Competing with the pay scales and fringe benefits of alternative employers	01	02	03	04
Obtaining/coordinating services of qualified related services providers.	01	02	03	04
Communicating effectively with local education agencies. .	01	02	03	04

E.2 (Continued)

	CIRCLE ONE RESPONSE PER LINE			
Problem Area	Very Serious Problem	Substantial Problem	Minor Problem	Not a Problem
Maintaining positive relationships with state education or rehabilitation agencies	01	02	03	04
Coordinating necessary interactions with local education agencies (e.g. program planning, records transfer).	01	02	03	04
The quality and program relevance of licensing/ monitoring processes	01	02	03	04
Diversion of resources needed for instruction to administrative requirements from outside the facility	01	02	03	04
Obtaining adequate funding for programs or services to meet the needs of particular groups of students (i.e., those of certain ages, with certain primary or secondary disabilities, etc.).	01	02	03	04
Providing adequate opportunities for students to use appropriate local community resources.	01	02	03	04
Maintaining appropriate contact between residential students and their families	01	02	03	04

E.2 (Continued)

Problem Area	Very Serious Problem	Substantial Problem	Minor Problem	Not a Problem
	CIRCLE ONE RESPONSE PER LINE			
Providing appropriate opportunities for students to interact with non-handicapped peers.	01	02	03	04
Securing appropriate residential arrangements for students reaching the maximum age of enrollment or those ready for new placement.	01	02	03	04
Securing appropriate educational, developmental or vocational arrangements for students reaching the maximum age or those ready for a new placement.	01	02	03	04
Provision of or reimbursement for transportation of children by the local education agency	01	02	03	04

Please describe any other problems faced by this facility:

____

____

____

____

____

E.3 Please specify any group or groups of students (by age, handicapping condition, or other characteristics) for whom the facility is experiencing difficulty in arranging appropriate services, obtaining program funding, or recruiting experienced staff.

GROUPS OF STUDENTS AFFECTED	TYPES OF DIFFICULTIES
(1) ________________________	(1) ________________________
________________________	________________________
(2) ________________________	(2) ________________________
________________________	________________________
(3) ________________________	(3) ________________________
________________________	________________________
(4) ________________________	(4) ________________________
________________________	________________________

E.4 Please indicate the frequency of the following activities.

Staff performance reviews.	|________|	TIMES PER	|________|
In-service training for staff. . . .	|________|	TIMES PER	|________|
Review of facility goals and objectives	|________|	TIMES PER	|________|
Evaluation of the degree to which the facility's programs are in line with program design and objectives.	|________|	TIMES PER	|________|
Reports on facility operations to monitoring or certifying organizations.	|________|	TIMES PER	|________|

F. CHANGES SINCE 1976

F.1 Please indicate, by circling one response code, whether or not the facility was in operation during 1976:

This facility was in operation during 1976. . . . . 01 --> (PLEASE COMPLETE SECTION F)

This facility was not in operation during 1976. . . . . 02 --> (PLEASE SKIP TO QUESTION G.1)

F.2 Please indicate the number of residents age 21 or younger at this facility in 1976.

_______________ RESIDENTS 0-21 YEARS IN 1976

F.3 Please indicate the number of day students age 21 or younger at this facility in 1976.

_______________ DAY STUDENTS 0-21 YEARS IN 1976

F.4 Please indicate the number of residents and day students at this facility in 1976 by the following age categories.

	RESIDENTS AND DAY STUDENTS IN 1976
Aged 0 to 5 years old.	
Aged 6 to 17 years old	
Aged 18 to 21 years old.	
Aged 22 years or older	

F.5 Please indicate, by circling the most appropriate response category, the change in the severity of handicap of residents and day students at this facility since 1976.

	CIRCLE ONE
Residents and day students are more severely handicapped today	01
Residents and day students are at about the same severity level today.	02
Residents and day students are less severely handicapped today	03

F.6 Please indicate the number of instructional staff at this facility in 1976. "Instructional staff" includes regular and visiting professionally trained teachers and instructional assistants.

____
INSTRUCTIONAL STAFF
IN 1976

F.7 Please indicate, by circling the appropriate code, whether you believe the following changes have taken place at the facility since 1976.

CIRCLE ONE RESPONSE PER LINE

Since 1976 . . .	Agree	Disagree
. . .facility staff has had increased contact with parents..	01	02
. . .instructional staff hired by the facility has more appropriate training	01	02
. . .more appropriate alternative placements are available to students leaving this facility	01	02
. . .the facility provides more individualized program planning.	01	02
. . .there is increased cooperation with other facilities, programs, and agencies.	01	02
. . .students at the facility have more opportunities to interact with non-handicapped peers..	01	02
. . .the facility monitors individual development more closely.	01	02

F.8 Please describe the two most significant changes at the facility that you believe are directly associated with P.L. 94-142 (The Education for All Handicapped Children Act).

(1) ______________________________

____

____

(2) ______________________________

____

____

F.9 Please describe any other significant changes that have taken place at the facility since 1976.

G. FINAL QUESTIONS AND INSTRUCTIONS

G.1 Please use the space below to describe any aspects of the facility's operation, students, or services that you feel were not adequately covered in the other questions. You may include any further documentation that describes the goals and mission of the programs of the facility.

G.2 Please record on the lines below the titles of the persons who provided the information requested on this questionnaire:

Person 1: ____________________

Person 2: ____________________

Person 3: ____________________

Person 4: ____________________

G.3 Please record the title and the number of years of service at the facility of the person who completed sections E (Other Facility Characteristics and Experiences) and F (Changes Since 1976).

____
TITLE

____
YEARS OF SERVICE
AT FACILITY

Thank you for completing this questionnaire. In the packet you received there are one or more separate short population modules for specific handicap groups. Please complete these modules and return all of the survey documents in the enclosed preaddressed, post-paid envelope.

Mathematica Policy Research
P.O. Box 2393
Princeton, New Jersey 08543-2393

MAIN QUESTIONNAIRE FOR DAY PROGRAMS, MAIL VERSION

OMB Clearance #: 1820-0559
MPRI #: 938

SURVEY OF FACILITIES SERVING CHILDREN AND YOUTH WITH HANDICAPS

MAIN QUESTIONNAIRE FOR DAY PROGRAMS

INSTRUCTIONS

TOPICS COVERED IN QUESTIONNAIRE:
This questionnaire contains questions on administrative characteristics of the facility, services and activities for students, numbers and background of staff, movement of students into and out of the facility, and changes in the facility's programs since 1976. We appreciate your care in providing as accurate information as possible. If, however, some of the requested information is not available, please note this on the questionnaire and answer the remaining questions.

PACKET MATERIALS:
Based on information provided to Mathematica Policy Research (MPR) during an earlier telephone interview, we have sent you this questionnaire for facilities operating non-residential day educational programs. If your program offers no education programs during the normal school day for persons with handicaps 21 years or younger, please call Dr. Susan Stephens collect at 609-799-3535 to correct our information and receive the appropriate questionnaire.

POPULATION MODULES:
In the packet you will also find one or more separate short population modules designed to collect information on the types of handicaps of the children and youth in your facility. Again, these population modules for this facility were determined as appropriate for the facility during the earlier telephone interview.

TIME FRAME:
The questions in this survey refer to the 1987-1988 regular school year unless otherwise specified.

WHO SHOULD COMPLETE THE QUESTIONNAIRE:
The director and/or knowledgeable facility staff.

CONFIDENTIALITY OF FACILITY RESPONSES:
To protect confidentiality, the survey results will be reported in aggregate form only and individual facilities will not be identified.

QUESTIONNAIRE LABEL:
There is an identification label on each questionnaire. Please do not remove this label; it will be used to record that the questionnaire has been received so that we do not send another.

MAILING PROCEDURES:
Please complete the main questionnaire and the population modules and return them all in the enclosed preaddressed, post-paid envelope.

IF YOU HAVE QUESTIONS ABOUT THE STUDY OR THE QUESTIONNAIRES:
Please call Dr. Susan Stephens collect at 609-799-3535.

A. ADMINISTRATIVE CHARACTERISTICS

A.1 Please indicate, by circling all that apply, the agencies or organizations by which the facility is currently certified or licensed to serve children:

	CIRCLE ALL THAT APPLY
By the state department of education.	01
By the state Medicaid agency (as an ICF, ICF-MR, hospital, or a Skilled Nursing Facility certified for reimbursement for the cost of services through Medicaid).	02
By the state department of public welfare, social services, child welfare, or human services	03
By state program agencies (such as the division or department of mental retardation, mental health, developmental disabilities, services to the blind, etc.).	04
By the state department of health	05
By other state departments or agencies. (Please specify the other state departments or agencies)	06

____

____

By county or local welfare or community service agencies	07
By county or local departments of health.	08
By other county or local government agencies. (Please specify the other county or local government agencies)	09

____

____

A.2 Please list below the names of any associations or organizations from which the facility currently holds formal accreditation.

____

____

____

A.3 Please indicate the total number of students age 21 or younger who are in each of the following residential settings:

NUMBER OF STUDENTS AGE 21 OR YOUNGER

Natural or adoptive home. . . . . . |__________|

+

Foster home . . . . |__________|

+

Small group residence (6 or fewer residents). . . . . . . |__________|

+

Medium group residence (7 to 15 residents) . . . . |__________|

+

Large private facility (16 or more residents). . . . . . . |__________|

+

Large public facility (16 or more residents). . . . . . . |__________|

+

Other type of residence . . . . . . |__________|

+

Current Residence Unknown . . . . . |__________|

=

TOTAL STUDENTS AGE 21 OR YOUNGER . . . . |__________|

A.4 Please indicate the number of students age 0 to 21 in each category according to the geographic area in which the custodial parents or guardians live:

NUMBER OF RESIDENTS
ACCORDING TO PARENTS' OR
GUARDIANS' RESIDENCE

From within the local school district . . . . . . |________|

+

IF THE LOCAL SCHOOL DISTRICT IS SMALLER THAN THE LOCAL COMMUNITY OR COUNTY: From within the remainder of local community or county but outside the local school district. . . . . |________|

+

From other counties within the state . . . . |________|

+

From adjacent states . . . . |________|

+

Unknown. . . . . ________

=

TOTAL STUDENTS 0-21 YEARS OLD. . . . . |________|

B. SERVICES AND ACTIVITIES

B.1 Please indicate the total number of students in each age group at your facility.

TOTAL NUMBER OF STUDENTS

Age 0-5		Age 6-17		Age 18-21		Age 0-21
____	+	____	+	____	=	____

B.2a ☐ Please check here if your facility has no students 0 to 5 years old and then skip to question B.3a.

Off-Campus Programs for 0-5 Years Olds.

B.2b Please indicate the total number of students 0 to 5 years old who attend off-campus educational or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no students age 0 to 5 years old attend off-campus programs please enter zero (0) and skip to question B.2d.

____
0 TO 5 YEAR OLDS ATTENDING PROGRAMS OFF CAMPUS

B.2c Of the students 0 to 5 years old attending educational or developmental programs off-campus, please indicate the number attending the following types of programs during the regular school day. If a student is part-time in more than one type of program, please count that student in each program.

	NUMBER ATTENDING OFF-CAMPUS PROGRAMS
Special education or other therapeutic preschool/day activity programs.	____
Regular preschool/day care programs.	____
Combined special education and regular preschool/day care programs.	____
Other programs (Please describe)	____

____

____

Facility Programs for 0-5 Year Olds

B.2d Of the students 0 to 5 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive education/training. The primary teaching arrangement is the one in which students spend the greatest amount of their education/training time.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (0 TO 5 YEARS OLD)
Group teaching in educational/developmental classes of 12 or more students on the grounds of the facility		|__________|
		+
Group teaching in educational/developmental classes of 6-11 students on the grounds of the facility.		|__________|
		+
Group teaching in educational/developmental classes of 2-5 students on the grounds of the facility.		|__________|
		+
Individual (one-on-one) teaching in the educational unit of the facility.		|__________|
		+
Individual "homebound" teaching in the residential or health care unit of the facility.		|__________|
o Please indicate the average number of hours per day of "homebound" instruction for these students.	|______| HOURS PER DAY	+
Instruction by facility staff at off-campus sites		|__________|
		+
Other teaching situations (Please describe) .		|__________|
______________________________		
______________________________		=
TOTAL STUDENTS 0-5 YEARS OLD.		|__________|

B.3a ☐ Please check here if your facility has no students 6 to 17 years old and then skip to question B.4a.

Off-Campus Programs for 6-17 Years Olds.

B.3b Please indicate the total number of students 6 to 17 years old who attend off-campus educational, vocational or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no students age 6 to 17 years old attend off-campus programs please enter 0 (zero) and skip to question B.3d.

|____________|
# 6 TO 17 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.3c Of the students 6 to 17 years old attending educational, developmental, or vocational programs off campus, please indicate the number attending the following types of programs during the regular school day. If a student is part-time in more than one type of program, please count that student in each program.

	NUMBER ATTENDING OFF-CAMPUS PROGRAMS
Special education classes in separate special education facilities	|_____|
Special education classes in schools with regular education classes.	|_____|
Regular education classes.	|_____|
Day activity centers	|_____|
Sheltered workshops.	|_____|
Unpaid vocational training programs.	|_____|
Supervised, paid work in non-sheltered settings. .	|_____|
Other educational/vocational/developmental programs (Please describe)	|_____|

____

____

Facility Programs for 6-17 Year Olds

B.3d Of the students 6 to 17 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which students spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (6 TO 17 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility		| |
		+
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.		| |
		+
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.		| |
		+
Individual (one-on-one) teaching in the educational unit of the facility.		| |
		+
Individual "homebound" teaching in the residential or health care unit of the facility.		| |
o Please indicate the average number of hours per day of "homebound" instruction for these students.	| | HOURS PER DAY	+
Instruction by facility staff at off-campus sites		| |
		+
Other primary educational/vocational/developmental programs (Please describe).		| |
______________________________		
______________________________		=
TOTAL STUDENTS 6-17 YEARS OLD		| |

B.4a ☐ Please check here if your facility has no students 18 to 21 years old and then skip to question B.5.

Off-Campus Programs for 18-21 Years Olds.

B.4b Please indicate the total number of students 18 to 21 years old who attend off-campus educational, vocational, or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no students age 18 to 21 years old attend off-campus programs, please enter 0 (zero) and skip to question B.4d.

|____________|
# 18 TO 21 YEAR OLDS ATTENDING PROGRAMS OFF CAMPUS

B.4c Of the students 18 to 21 years old attending educational, vocational or developmental programs off campus, please indicate the number attending the following types of programs during the regular school day. If a student is part-time in more than one type of program, please count that student in each program.

	NUMBER ATTENDING OFF-CAMPUS PROGRAMS
Special education classes in separate special education facilities	
Special education classes in schools with regular education classes.	
Regular secondary school classes	
College or post-secondary technical schools. . . .	
Unpaid vocational training programs (Other than technical schools).	
Supervised, paid work in non-sheltered settings. .	
Sheltered workshops.	
Day activity centers	
Other educational/vocational/developmental programs (Please describe)	

____

____

Facility Programs for 18-21 Year Olds

B.4d Of the students 18 to 21 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which they spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT	NUMBER OF STUDENTS (18 TO 21 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility	|______|
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.	+ |______|
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.	+ |______|
Individual (one-on-one) teaching in the educational unit of the facility.	+ |______|
Individual "homebound" teaching in the residential or health care unit of the facility.	+ |______|
o Please indicate the average number of hours per day of "homebound" instruction for these students. |______| HOURS PER DAY	
Instruction by facility staff at off-campus sites	+ |______|
Other primary educational/vocational/developmental training programs (Please describe) . . . . ________________________________ ________________________________	+ |______|
TOTAL STUDENTS 18-21 YEARS OLD.	= |______|

B.5 Please indicate in column A the number of students who participated during the past month, or the last month in the 1987-1988 school year, at this facility or elsewhere, in the following activities organized by classroom teachers, or recreational staff. Please indicate in column B the number of the participating students who interacted with non-handicapped peers during the activity. Record "zero" (0) if no students participated in an activity or if the activity did not involve any non-handicapped peers.

	A. NUMBER OF STUDENTS 21 OR YOUNGER PARTICIPATING PER MONTH	B. NUMBER OF STUDENTS IN COLUMN A WHO PARTICIPATED WITH NON-HANDICAPPED PEERS
Social activities such as parties.		
Participation in dance, music, or drama.		
Participation in organized physical exercise or games.		
Participation in field trips.		
Attendance at other off-campus events.		
Participation in competitive sports		
Participation in special interest clubs or activities.		
Please list any other non-instructional activities and the number of children who participated in the past month.		
______________________ . . .		
______________________ . . .		
______________________ . . .		

B.6 Please indicate the number of times during the past month, or the last month in the 1987-1988 school year, that students at the facility were transported to off-campus activities by:

NUMBER OF TIMES PER MONTH

The facility's own transportation service . . . . |__________|

Transportation provided by parents or volunteers . . . . |__________|

Transportation provided by local school authorities. . . . . |__________|

Transportation provided by other public agencies . . . . |__________|

B.7 Please indicate how many times per calendar year on the average the following types of evaluations are performed for students at this facility.

AVERAGE NUMBER OF TIMES A YEAR PER STUDENT

Measurement of progress toward individual education goals (through tests, formal observations, and other evaluations). . . . . |__________|

Re-evaluation or revision of individual education goals, programs, and related services. . . . . |__________|

Formal written reports to parents, guardians, or surrogate parents regarding the students' progress. . . . . . . |__________|

Meetings with parents, guardians, or surrogate parents regarding the students' progress. . . . . |__________|

Formal meetings with representatives of the LEA or other education agency to report on reevaluations of individual education goals and/or students' progress . . |__________|

B.8a Please indicate, by circling all that apply, the services that are generally provided by this facility to exiting students:

	CIRCLE ALL THAT ARE PROVIDED
Arranging for transfer of records to another facility or organization	01
Visiting new placement with exiting student	02
Training in skills and behaviors specifically required by new placement	03
Involving parents in planning and preparation for transfer to new placement	04
Following up to determine success of the student in the new placement	05
Joint planning with the LEA for an appropriate placement and transition	06
Providing back-up or additional services after move to new placement in case of problems	07
Guidance and vocational counseling	08
Job placement services	09
Referrals to state vocational rehabilitation counselors	10

B.8b Please list any other services generally provided to exiting students.

____

____

____

C. ENTRANCES AND DEPARTURES OF RESIDENTS AND DAY STUDENTS

C.1 Please describe the characteristics (age ranges, handicapping conditions, functioning skills, behavioral patterns) of children that are required for admission to this facility. Please also describe those characteristics that would exclude children from admission to this facility and the requirements for release or conditions for mandatory dismissal (e.g., age, academic performance, developmental achievement, etc.)

REQUIREMENTS FOR ADMISSION:

EXCLUDED FROM ADMISSION:

CONDITIONS FOR RELEASE OR DISMISSAL:

C.1a Please indicate, by circling the most appropriate code, the current relationship between referrals or applications and student openings or capacity.

CIRCLE ONE

There are currently fewer referrals or applications than student openings. 01

There are currently about the same number of referrals or applications as student openings 02

There are currently more referrals or applications than student openings 03

C.2 Please indicate the average number of years of enrollment of students who have left your facility in the last 3 years. Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in enrollment.

AVERAGE LENGTH OF ENROLLMENT OF DAY STUDENTS |________| YEARS

C.3 NEW STUDENT ADMISSIONS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.4 Please indicate the number of students with handicaps age 21 or younger who entered the facility for the first time between January 1, 1987 and December 31, 1987 according to age category.

Birth to Age 2		3-5 Years		6-11 Years		12-17 Years		18-21 Years		TOTAL STUDENTS ADMITTED AGE 21 OR YOUNGER
_____	+	_____	+	_____	+	_____	+	_____	=	_____

C.5 Please indicate the number of new student admissions during the same time period according to their previous educational placement.

Regular Class or Regular Class & Resource Room		Special Class in Regular School		Special Day School		Residential School		Home-based Instruction		Other Educational Placement		No Instruction		Previous Educational Placement Unknown		TOTAL STUDENT ADMITTE AGE 21 YOUNGE
_____	+	_____	+	_____	+	_____	+	_____	+	_____	+	_____	+	_____	=	_____

C.6 Please indicate the number of previously enrolled students with handicaps 21 years of age or younger who re-entered your facility between January 1, 1987 and December 31, 1987. Please exclude students who returned from normal program breaks such as summer vacation or other temporary absences.

|________| READMISSIONS

C.7 Please indicate the number of students who were formally released or transferred out of this facility, between January 1, 1987 and December 31, 1987 according to their next educational or vocational placement or experience. Please include those students who completed their educational programs or were formally transferred to another educational setting. Please exclude those who were temporarily not present, but who were not formally transferred or released and for whom the school retained a place.

	NUMBER OF FORMAL TRANSFERS OR RELEASES	
NEW PLACEMENT	Number of Formal Transfers or Releases Age 17 or Younger	Number of Formal Transfers or Releases Age 18 to 21
Regular Class or Regular Class and Resource Room		
	+	+
Special Class in a Regular School.		
	+	+
Special Day School.		
	+	+
Residential School.		
	+	+
College or University Degree Program.		
	+	+
Home-based Instruction.		
	+	+
Competitive Work.		
	+	+
Supported or Subsidized Work.		
	+	+
Sheltered Employment (Workshop) . .		
	+	+
Day Activity Center		
	+	+
Vocational Training		
	+	+
No Placement or Program		
	+	+
Placement Unknown		
	=	=
TOTAL FORMAL TRANSFERS BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987		

D. STAFF AND BUDGET

D.1 Please indicate the number of regular, visiting, itinerant, and substitute staff and the average number of hours worked per week per staff member for each job category. Please exclude staff of sponsoring or managing agencies who are not actually involved in the operation of the facility. Record a "zero" (0) if there are no regular or visiting staff in a job category.

		TOTAL NUMBER OF REGULAR AND VISITING STAFF	AVERAGE HOURS PER WEEK PER STAFF MEMBER
D.1a	Administrative Staff		
	Principals, directors, assistants, department or unit heads, accountants, admissions personnel, secretaries, etc.	|______|	|______|
D.1b	Operations and Transportation Staff		
	Custodial and maintenance staff, food service staff, transportation staff, etc.	|______|	|______|
D.1c	Instructional and Classroom Staff		
	Classroom teachers certified by the state in special education	|______|	|______|
	Classroom teachers certified by the state in regular education but not special education.	|______|	|______|
	Classroom teachers not certified by the state	|______|	|______|
	Classroom assistants, paraprofessionals or aides	|______|	|______|
	Personal care assistants	|______|	|______|
	Interpreter aides, readers, or tutors.	|______|	|______|
	Instructional consultants and in-service trainers.	|______|	|______|
	Other instructional staff (Please specify)	|______|	|______|

____

____

D.1d Support and Related Services Staff

	TOTAL NUMBER OF REGULAR AND VISITING STAFF	AVERAGE HOURS PER WEEK PER STAFF MEMBER
Psychologists and behavior modification specialists	|_______|	|_______|
Psychiatrists.	|_______|	|_______|
Counselors and social workers.	|_______|	|_______|
Physical therapists.	|_______|	|_______|
Occupational therapists.	|_______|	|_______|
Speech and language therapists	|_______|	|_______|
Transition/community living skills trainers	|_______|	|_______|
Vocational specialists	|_______|	|_______|
Remedial academics teachers.	|_______|	|_______|
Physical education and recreation teachers/therapists.	|_______|	|_______|
Music and art teachers/therapists. . . .	|_______|	|_______|
Librarians and media specialists	|_______|	|_______|
Physicians	|_______|	|_______|
Dentists	|_______|	|_______|
Medical and dental nurses and technicians.	|_______|	|_______|
Low vision specialists and mobility trainers.	|_______|	|_______|
Audiologists and other hearing specialists.	|_______|	|_______|
Educational or related services consultants and trainers	|_______|	|_______|
Other support and related services staff (Please specify)	|_______|	|_______|

____

____

D.1e Volunteer Staff	|_______|	|_______|

D.2 For the following category of staff, please indicate the number of new staff members hired to replace departing staff members between January 1, 1987 and December 31, 1987.

NEW STAFF HIRED IN 1987
TO REPLACE DEPARTING STAFF

Instructional and Classroom Staff
(as indicated in question D.1.c). . . . . |_____|

D.3 For each of the following categories of staff, please indicate the average number of hours of in-service training per staff member provided by the facility between January 1, 1987 and December 31, [illegible] Please include such activities as enrollment in job-related courses, workshops or conferences, as well as training or instruction provided at this facility or elsewhere and reimbursed by the facility. Do not include orientation and training provided to new staff members.

AVERAGE HOURS PER
STAFF MEMBER IN 1987
OF IN-SERVICE TRAINING

Instructional and Classroom Staff
(as indicated in question D.1.c). . . . . |_____|

Support and Related Services Staff
(as indicated in question D.1.d). . . . . |_____|

D.4 Please indicate the total operating budget for this facility during the last fiscal year.

$ ____________________
TOTAL OPERATING BUDGET

D.5 Please indicate the annual charge or fee, if any, for tuition for a student. Enter "zero" (0) if there are no charges.

$ ____________________
ANNUAL STUDENT TUITION

D.6 Please indicate whether the educational services provided at this facility are paid out of this facility's operating budget.

	CIRCLE ONE	
Education services are part of this facility's operating budget	01 -->	PLEASE ANSWER QUESTION D.6b NEXT
Education services are not part this facility's operating budget	02 -->	PLEASE ANSWER QUESTION D.6a NEXT
Some education services are part of this facility's operating budget and some are paid by another agency.	03 -->	PLEASE ANSWER QUESTION D.6a NEXT

D.6a Please enter the name of the agency or organization paying for the educational services provided at this facility. Leave blank if not applicable.

____

____

D.6b Please indicate the total annual cost per student of providing the educational services, not including costs for other services provided by the facility.

$ ____________________

AVERAGE ANNUAL COST OF
EDUCATIONAL SERVICES
PER STUDENT

D.7 Please indicate which of the following items are included in the annual cost of educational services.

	CIRCLE ALL THAT APPLY
Instructional staff (teachers and aides)	01
Instructional supplies and equipment	02
Medical and nursing care	03
Related services personnel, supplies, and equipment	04
Food services	05
Transportation	06
Administration	07
Facility operation and maintenance	08
Facility modification and improvement	09
Other educational cost items (Please specify)	10

____

____

E. OTHER FACILITY CHARACTERISTICS AND EXPERIENCES

E.1 Please describe the particular aspects of this facility's program, compared to programs available elsewhere, which make important or unique contributions to the education of students with handicaps. Please attach additional pages as necessary.

____

____

____

____

E.2 Please indicate the extent to which the following problem areas affect your facility:

	CIRCLE ONE RESPONSE PER LINE			
Problem Area	Very Serious Problem	Substantial Problem	Minor Problem	Not a Problem
Recruiting professional staff with the necessary certification in special education or related services	01	02	03	04
Recruiting professional staff with the necessary expertise for your particular program	01	02	03	04
Turnover of instructional and classroom staff.	01	02	03	04
Competing with the pay scales and fringe benefits of alternative employers	01	02	03	04
Obtaining/coordinating services of qualified related services providers.	01	02	03	04
Communicating effectively with local education agencies. .	01	02	03	04

E.2 (Continued)

	CIRCLE ONE RESPONSE PER LINE			
Problem Area	Very Serious Problem	Substantial Problem	Minor Problem	Not a Problem
Maintaining positive relationships with state education or rehabilitation agencies	01	02	03	04
Coordinating necessary interactions with local education agencies (e.g. program planning, records transfer).	01	02	03	04
The quality and program relevance of licensing/monitoring processes	01	02	03	04
Diversion of resources needed for instruction to administrative requirements from outside the facility	01	02	03	04
Obtaining adequate funding for programs or services to meet the needs of particular groups of students (i.e., those of certain ages, with certain primary or secondary disabilities, etc.).	01	02	03	04
Providing adequate opportunities for students to use appropriate local community resources.	01	02	03	04

E.2 (Continued)

CIRCLE ONE RESPONSE PER LINE

Problem Area	Very Serious Problem	Substantial Problem	Minor Problem	Not a Problem
Providing appropriate opportunities for students to interact with non-handicapped peers.	01	02	03	04
Securing appropriate educational, developmental or vocational arrangements for students reaching the maximum age or those ready for a new placement.	01	02	03	04
Provision of or reimbursement for transportation of children by the local education agency	01	02	03	04

Please describe any other problems faced by this facility:

E.3 Please specify any group or groups of students (by age, handicapping condition, or other characteristics) for whom the facility is experiencing difficulty in arranging appropriate services, obtaining program funding, or recruiting experienced staff.

GROUPS OF STUDENTS AFFECTED	TYPES OF DIFFICULTIES
(1) ____________________	(1) ____________________
____________________	____________________
(2) ____________________	(2) ____________________
____________________	____________________
(3) ____________________	(3) ____________________
____________________	____________________
(4) ____________________	(4) ____________________
____________________	____________________

E.4 Please indicate the frequency of the following activities.

Staff performance reviews. . . . . . |________| TIMES PER |________|

In-service training for staff. . . . |________| TIMES PER |________|

Review of facility goals and objectives . . . . |________| TIMES PER |________|

Evaluation of the degree to which the facility's programs are in line with program design and objectives. . . . . |________| TIMES PER |________|

Reports on facility operations to monitoring or certifying organizations. . . . . |________| TIMES PER |________|

F. CHANGES SINCE 1976

F.1 Please indicate, by circling one response code, whether or not the facility was in operation during 1976:

This facility was in operation during 1976. . . . . 01 --> (PLEASE COMPLETE SECTION F)

This facility was not in operation during 1976. . . . . 02 --> (PLEASE SKIP TO QUESTION G.1)

F.2 Please indicate the number of students age 21 or younger at this facility in 1976.

____
STUDENTS 0-21 YEARS IN 1976

F.3 Please indicate the number of students at this facility in 1976 by the following age categories.

	STUDENTS IN 1976
Aged 0 to 5 years old.	
Aged 6 to 17 years old	
Aged 18 to 21 years old.	
Aged 22 years or older	

F.4 Please indicate, by circling the most appropriate response category, the change in the severity of handicap of students at this facility since 1976.

	CIRCLE ONE
Students are more severely handicapped today	01
Students are at about the same severity level today	02
Students are less severely handicapped today	03

F.5 Please indicate the number of instructional staff at this facility in 1976. "Instructional staff" includes regular and visiting professionally trained teachers and instructional assistants.

____
INSTRUCTIONAL STAFF
IN 1976

F.6 Please indicate, by circling the appropriate code, whether you believe the following changes have taken place at the facility since 1976.

CIRCLE ONE RESPONSE PER LINE

Since 1976 . . .	Agree	Disagree
. . .facility staff has had increased contact with parents..	01	02
. . .instructional staff hired by the facility has more appropriate training	01	02
. . .more appropriate alternative placements are available to students leaving this facility	01	02
. . .the facility provides more individualized program planning.	01	02
. . .there is increased cooperation with other facilities, programs, and agencies.	01	02
. . .students at the facility have more opportunities to interact with non-handicapped peers..	01	02
. . .the facility monitors individual development more closely.	01	02

F.7 Please describe the two most significant changes at the facility that you believe are directly associated with P.L. 94-142 (The Education for All Handicapped Children Act).

(1) ____

____

____

(2) ____

____

____

F.8 Please describe any other significant changes that have taken place at the facility since 1976.

G. FINAL QUESTIONS AND INSTRUCTIONS

G.1 Please use the space below to describe any aspects of the facility's operation, students, or services that you feel were not adequately covered in the other questions. You may include any further documentation that describes the goals and mission of the programs of the facility.

____

____

____

____

____

G.2 Please record on the lines below the titles of the persons who provided the information requested on this questionnaire:

Person 1: ______________________

Person 2: ______________________

Person 3: ______________________

Person 4: ______________________

G.3 Please record the title and the number of years of service at the facility of the person who completed sections E (Other Facility Characteristics and Experiences) and F (Changes Since 1976).

____
TITLE

____
YEARS OF SERVICE
AT FACILITY

Thank you for completing this questionnaire. In the packet you received there are one or more separate short population modules for specific handicap groups. Please complete these modules and return all of the survey documents in the enclosed preaddressed, post-paid envelope.

Mathematica Policy Research
P.O. Box 2393
Princeton, New Jersey 08543-2393

POPULATION MODULE: VISUAL IMPAIRMENTS

OMB Clearance #: 1820-0559
MPRI #: 947

POPULATION MODULE
VISUAL IMPAIRMENTS

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item D on the last page of this module.

THIS MODULE:
If the population served in the facility does not include children with visual impairments including those who are deaf-blind, as their primary diagnosis or if some of the children have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with visual impairments 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Under the heading "PRIMARY DISABILITY," please report the number of children (21 or younger) who have a primary diagnosis of visual impairment according to the most appropriate subgroup.

2. Under the heading "SERIOUS SECONDARY DISABILITIES," please indicate within those subgroups, the number of visually impaired children who have secondary disabilities.

For the purposes of this module, please consider secondary disabilities to be ones that are serious enough that in the absence of the primary disability, the individual would still be considered handicapped on the basis of the secondary disability. Please do not consider as a secondary disability conditions that are a direct and common manifestation of a primary disability (e.g., learning disabilities associated with visual impairments). If a child has more than one secondary disability, please count the one that you consider to be the greatest impairment to his or her academic, social or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: VISUAL IMPAIRMENT MODULE

PRIMARY DISABILITY

A. **VISUAL IMPAIRMENT:** Maximally corrected visual acuity of 20/70 in the better eye, needing assistive devices or large type for reading activities, or serious limitations in major life activities due to impaired vision.

A.1 Functionally Blind: No measurable acuity, although often with light perception (awareness of light) and light projection (awareness of the direction from which light is coming).

A.2 Legally (but not functionally) Blind: Useful vision beyond light perception but maximum acuity in the better eye of 20/200 or less or a visual field of no greater than 20 degrees.

A.3 Partially Sighted: Maximally corrected visual acuity between 20/70 and 20/200 in the better eye or who needs assistive devices or large type for reading activities, or is seriously limited in the major life activities by impaired vision.

A.4 Deaf-Blind: Maximum acuity in the better eye of 20/200 or less or a visual field of no greater than 20 degrees and a severe impairment in processing of linguistic information through audition, with or without a hearing aid (generally associated with a hearing loss of 90 or more decibels across the speech range).

SERIOUS SECONDARY DISABILITIES OF VISUALLY IMPAIRED

B. **SERIOUS SECONDARY DISABILITIES:** A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual.

B.1 No Secondary Disability: The total number of children with no diagnosed secondary disability.

B.2 Mild or Moderate Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications mild (I.Q. = 53-69) and moderate (I.Q. = 36-52).

B.3 Severe or Profound Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications severe (I.Q. = 20-35) and profound (I.Q. = 19 or below).

B.4 Orthopedic or Other Health Impairment: Nonsensory physical impairments or health problems of a severity that special environmental adaptations, activities, training equipment, instructional materials, and services are required in performing normal activities of learning and daily living.

B.5 Emotional Disturbance or Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

B.6 Hearing Impairment: Hearing losses such that it is difficult to hear speech from a distance of more than a few feet without amplification, which by convention, generally includes those with a hearing loss of 26 decibels or more across the speech range.

B.7 Speech or Language Impairment: Serious communication disorders of speech (e.g., articulation disorders, stuttering, voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

B.8 Learning Disabled: Normal or above normal I.Q. with academic progress significantly below one's mental age expectation that is not attributed to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

B.9 Other or Unspecified Impairment: Includes all other types of disabilities not included in the above categories.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3; moderate, more than 3 but less than or equal to 4; severe, 4 to 5; and profound, greater than 5.

Nature of Disabilities in Visually Impaired Population

(A)

Primary Disability: Visual Impairment

Please indicate the total number of children age 21 or younger with visual impairments by degree of impairment.

(B)

Serious Secondary Disabilities of Visually Impaired

For the children in column A, please indicate the number with serious secondary disabilities by category (see definitions, facing page). A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual. If a child has no serious secondary disability, please count that child in column B.1, "No Secondary Disability."

VISUAL IMPAIRMENTS	(A)	(B.1) No Secondary Disability	(B.2) Mild or Moderate Mental Retardation	(B.3) Severe or Profound Mental Retardation	(B.4) Orthopedic or Other Health Impairment	(B.5) Emotional Disturbance or Behavior Disorders	(B.6) Hearing Impairment	(B.7) Speech or Language Impairment	(B.8) Learning Disabled	(B.9) Other or Unspecified Impairment
A.1 Functionally Blind	☐	= ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
	+									
A.2 Legally (but not functionally) Blind	☐	= ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
	+									
A.3 Partially Sighted	☐	= ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
	+									
A.4 Deaf Blind	☐	= ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
	=									
(C) Total Visually Impaired	☐									

Please continue to the next page.

(D) The definitions used in this module (see the back of the cover page) may differ from the definitions used by this facility. If different definitions were used in completing this module, please describe these definitions here. Please attach additional pages if necessary.

(E) For the total children and youth shown in (C), please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Visually Impaired Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(F) For the total children and youth shown in (C), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic										
White		Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Visually Impaired Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(G) For the total children and youth shown in (C), please provide a breakdown of their gender:

Males		Females		Total Visually Impaired Age 21 or Younger (should equal total in (C))
	+		=	

POPULATION MODULE: HEARING IMPAIRMENTS

POPULATION MODULE
HEARING IMPAIRMENTS

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item D on the last page of this module.

THIS MODULE:
If the population served in the facility does not include children who are hearing impaired including those who are hard-of-hearing, deaf, and deaf-blind, as their primary diagnosis or if some of the children have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with hearing impairments 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Under the heading "PRIMARY DISABILITY," please report the number of children (21 or younger) who have a primary diagnosis of hearing impairment according to the most appropriate subgroup.

2. Under the heading "SERIOUS SECONDARY DISABILITIES," please indicate within those subgroups, the number of hearing impaired children who have secondary disabilities.

For the purposes of this module, please consider secondary disabilities to be ones that are serious enough that in the absence of the primary disability the individual would still be considered handicapped on the basis of the secondary disability. Please do not consider as a secondary disability conditions that are a direct and common manifestation of a primary disability (e.g., speech or language disorders associated with hearing loss). If a child has more than one secondary disability, please count the one that you consider to be the greatest impairment to his or her academic, social or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: HEARING IMPAIRED MODULE

PRIMARY DISABILITY

A. **HEARING IMPAIRMENT:** Hearing loss such that it is difficult or impossible to hear speech from a distance of more than a few feet without amplification, which by convention, generally includes those with a hearing loss of 26 decibels or more across the speech range and includes persons with deafness (those whose hearing impairment precludes successful processing of linguistic information through audition, with or without a hearing aid, and is generally associated with a hearing loss of 90 or more decibels across the speech range).

Prelingually Deaf: Deafness present at birth or occurring prior to the development of language.
Postlingually Deaf: Deafness occurring after the development of language.

A.1 or A.4 Mild or Normal Hearing Loss: Hearing loss of 40 decibels or less across the speech range.

A.2 or A.5 Moderate Hearing Loss: Hearing loss of 41 to 70 decibels across the speech range.

A.3 or A.6 Severe or Profound Hearing Loss: Hearing loss of 71 or more decibels across the speech range.

SERIOUS SECONDARY DISABILITIES OF HEARING IMPAIRED

B. SERIOUS SECONDARY DISABILITIES: A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual.

B.1 No Secondary Disability: The total number of children with no diagnosed secondary disability.

B.2 Mild or Moderate Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications mild (I.Q. = 53-69) and moderate (I.Q. = 36-52).

B.3 Severe or Profound Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications severe (I.Q. = 20-35) and profound (I.Q. = 19 or below).

B.4 Orthopedic or Other Health Impairment: Nonsensory physical impairments or health problems of a severity such that special environmental adaptations, activities, training equipment, instructional materials, and services are required in performing normal activities of learning and daily living.

B.5 Emotional Disturbance or Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

B.6 Legally Blind: Useful vision beyond light perception but with maximum acuity in the better eye of 20/200 or less or a visual field of no greater than 20 degrees.

B.7 Other Visual Impairment: Maximally corrected visual acuity of 20/70 in the better eye, needing assistive devices or large type for reading activities, or serious limitation in major life activities due to impaired vision.

B.8 Learning Disabled: Normal or above normal I.Q. with academic progress significantly below one's mental age expectation that is not attributed to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

B.9 Other or Unspecified Impairment: Includes all other types of impairment not included in the above categories.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3; moderate, more than 3 but less than or equal to 4; severe, 4 to 5; and profound, greater than 5.

Nature of Disabilities of Hearing Impaired Population

(A)
Primary Disability:
Hearing Impairment

Please indicate the total number of children and youth age 21 or younger with hearing impairments by the type and degree of impairment.

(B)
Serious Secondary Disabilities of Hearing Impaired

For the children in column B, please indicate the number with serious secondary disabilities by category (see definitions, facing page). A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual has more than one serious secondary disability, please count only the most serious secondary disability for that individual. If a child has no serious secondary disability, please count that child in column B.1, "No Secondary Disability."

HEARING IMPAIRMENT	(A)	(B.1) No Secondary Disability	(B.2) Mild or Moderate Mental Retardation	(B.3) Severe or Profound Mental Retardation	(B.4) Orthopedic or Other Health Impairment	(B.5) Emotional Disturbance or Behavior Disorders	(B.6) Legally Blind	(B.7) Other Visual Impairment	(B.8) Learning Disabled	(B.9) Other or Unspecified Impairment
Prelingual Hearing Impairment										
A.1 Mild or Normal Hearing Loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
A.2 Moderate Hearing Loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
A.3 Severe or Profound Hearing Loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Postlingual Hearing Impairment										
A.4 Mild or Normal Hearing Loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
A.5 Moderate Hearing Loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
A.6 Severe or Profound Hearing Loss	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
(C) Total Hearing Impaired Children Age 21 or Younger	☐									

Please continue to the next page.

(D) The definitions used in this module (see the back of the cover page) may differ from the definitions used by this facility. If different definitions were used in completing this module, please describe these definitions here. Please attach additional pages if necessary.

(E) For the total children and youth shown in (C), please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Hearing Impaired Age 21 or Younger (should equal total in (C))
☐	+	☐	+	☐	+	☐	+	☐	=	☐

(F) For the total children and youth shown in (C), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic										
White		Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Hearing Impaired Age 21 or Younger (should equal total in (C))
☐	+	☐	+	☐	+	☐	+	☐	=	☐

(G) For the total children and youth shown in (C), please provide a breakdown of their gender:

Males		Females		Total Hearing Impaired Age 21 or Younger (should equal total in (C))
☐	+	☐	=	☐

POPULATION MODULE: EMOTIONAL DISTURBANCE/BEHAVIOR DISORDER

OMB Clearance #: 1820-0559
MPRI #: 946

POPULATION MODULE
EMOTIONALLY DISTURBED OR BEHAVIOR DISORDERED

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item D on the last page of this module.

THIS MODULE:
If the population served in the facility does not include persons who are emotionally disturbed or who have behavior disorders as their primary diagnosis or if some of the children have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with emotional disturbance or behavior disorders 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Under the heading "PRIMARY DISABILITY," please report the number of children (21 or younger) who have primary diagnoses of emotional disturbance or behavior disorders, according to the most appropriate subgroup.

2. Under the heading "SERIOUS SECONDARY DISABILITIES," please indicate within those subgroups, the number of children with emotional disturbance or behavior disorders who have secondary disabilities.

For the purposes of this module, please consider secondary disabilities to be ones that are serious enough that in the absence of the primary disability the individual would still be considered handicapped on the basis of the secondary disability. Please do not consider as a secondary disability conditions that are a direct and common manifestation of a primary disability. If a child has more than one secondary disability, please count the one that you consider to be the greatest impairment to his or her academic, social or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: EMOTIONALLY DISTURBED OR BEHAVIOR DISORDERED MODULE

(A) **PRIMARY DISABILITY, EMOTIONALLY DISTURBED OR BEHAVIOR DISORDERED:** Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

A.1 Attention Deficit Disorders: Characterized by developmentally inappropriate impulsivity and inattention, often associated with hyperactivity that affects in a significantly detrimental way a student's learning, interpersonal relationships, and social experiences.

A.2 Serious Conduct or Behavior Disorders: Characterized by conduct patterns that chronically and seriously violate the rights of others or the cultural expectations for social behavior of a person of that developmental level; including anti-social, aggressive, delinquent, and persistently and purposely disruptive behavior.

A.3 Anxiety or Withdrawal Disorders: Characterized by chronic and debilitative feelings of nervousness, apprehension, and tension in normal social situations, reluctance or refusal to participate in normal social situations, or to interact with other people.

A.4 Pervasive Developmental Disorders: Characterized by major pervasive deviations from normal psychological, social, and communicative development from early childhood that are differentiated from those of severe or profound mental retardation by being unassociated with any normal developmental stage (commonly diagnosed as Autism or Childhood Schizophrenia).

A.5 Substance Abuse or Dependence Disorders: Consumption of mood or behavior modifying substances to the extent that use is pathological (leads to chronic intoxication, loss of personal control, or dependence), causes significant impairment of social, educational, or vocational functioning, and is persistent (has been ongoing for at least a month); substance abuse may also be associated with physiological dependence.

A.6 Psychotic or Schizophrenic Thought Disorders: Characterized by chronic or episodic deviation from normal thought patterns in ways perceived to be irrational, delusional, hallucinary, incoherent, or disconnected from reality; may include extremely obsessive, phobic, and perseverative behavior (but not including Autism or Childhood Schizophrenia--see A.4 above).

A.7 Other types of Emotional Disturbance or Behavior Disorder: Any other type of emotional disturbances or behavior disorders that have been diagnosed as the primary disability of children in this facility, but that are not subsumed under the given categories.

(B) SERIOUS SECONDARY DISABILITY OF EMOTIONALLY DISTURBED OR BEHAVIOR DISORDERED: A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a student would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability.

B.1 No Secondary Disability: The total number of children with no diagnosed secondary disability.

B.2 Mild or Moderate Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications mild (I.Q. = 53-69) and moderate (I.Q. = 36-52).

B.3 Severe or Profound Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications severe (I.Q. = 20-35) and profound (I.Q. = 19 or below).

B.4 Orthopedic or Other Health Impairment: Nonsensory physical impairments or health problems of such a severity that special environmental adaptations, activities, training equipment, instructional materials, and services are required in performing normal activities of learning and daily living.

B.5 Hearing Impairment: Hearing losses such that it is difficult to hear speech from a distance of more than a few feet without amplification, generally includes those with a hearing loss of 26 decibels or more across the speech range.

B.6 Visual Impairment: Maximally corrected visual acuity of 20/70 in the better eye, needing assistive devices or large type for reading activities, or serious limitations in major life activities due to impaired vision.

B.7 Speech or Language Impairment: Serious communication disorders of speech (e.g., articulation disorders, stuttering, or voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

B.8 Learning Disabled: Normal or above normal I.Q. with academic progress significantly below the student's mental age expectation, but not attributable to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

B.9 Other or Unspecified Impairment: Includes all other types of disability not included in the above categories.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3; moderate, more than 3 but less than or equal to 4; severe, 4 to 5; and profound, greater than 5.

Nature of Disabilities in Emotionally Disturbed or Behavior Disordered Population

(A)
Primary Disabilities
Emotionally Disturbed
or Behavior Disordered

Please indicate the total number of children age 21 or younger with Emotional Disturbance or Behavior Disorders by type of impairment.

(B)
Serious Secondary Disabilities of Emotionally Disturbed or Behavior Disordered

For the children in column A, please indicate the number with serious secondary disabilities by category (see definitions, facing page). A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual. If a child has no secondary disabilities, please count that child in column B.1 under "No Secondary Disability."

	(A)	(B.1) No Secondary Disability	(B.2) Mild or Moderate Mental Retardation	(B.3) Severe or Profound Mental Retardation	(B.4) Orthopedic or Other Health Impairment	(B.5) Hearing Impairment	(B.6) Visual Impairment	(B.7) Speech or Language Impairment	(B.8) Learning Disabled	(B.9) Other or Unspecified Impairment
A.1 Attention Deficit Disorders										
A.2 Serious Conduct or Behavior Disorders										
A.3 Anxiety or Withdrawal Disorders										
A.4 Pervasive Developmental Disorders										
A.5 Substance Abuse or Dependence Disorders										
A.6 Psychotic or Schizophrenic Thought Disorders										
A.7 Please list any other types of Emotional Disturbance or Behavior Disorders ________________ ________________										
(C) Total Emotional Disturbance or Behavior Disordered										

Please continue to the next page.

(D) The definitions used in this module (see the back of the cover page) may differ from the definitions used by this facility. If different definitions were used in completing this module, please describe these definitions here. Please attach additional pages if necessary.

(E) For the total children and youth shown in (C), please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Emotionally Disturbed or Behavior Disordered Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(F) For the total children and youth shown in (C), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic										
White		Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Emotionally Disturbed or Behavior Disordered Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(G) For the total children shown in (C), please provide a breakdown of their gender:

Males		Females		Total Emotionally Disturbed or Behavior Disordered Age 21 or Younger (should equal total in (C))
	+		=	

POPULATION MODULE: MENTAL RETARDATION

OMB Clearance #: 1820-0559
MPRI #: 942

POPULATION MODULE
MENTAL RETARDATION

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item D on the last page of this module.

THIS MODULE:
If the population served in the facility does not include persons who have mental retardation as their primary diagnosis or if some of the children and youth have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with mental retardation 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Under the heading "PRIMARY DISABILITY," please report the number of children (21 or younger) who have a primary diagnosis of mental retardation according to the most appropriate subgroup.

2. Under the heading "SERIOUS SECONDARY DISABILITIES," please indicate within those subgroups, the number of mentally retarded children who have secondary disabilities.

For the purposes of this module, please consider secondary disabilities to be ones that are serious enough that in the absence of the primary disability, the individual would still be considered handicapped on the basis of the secondary disability. Please do not consider as a secondary disability conditions that are a direct and common manifestation of a primary disability (e.g., learning or language impairments associated with mental retardation). If a child has more than one secondary disability, please count the one that you consider to be the greatest impairment to his or her academic, social or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: MODULE ON MENTAL RETARDATION

PRIMARY DISABILITY

A. Mental Retardation: Significantly subaverage I.Q. (below 70) with accompanying deficits in adaptive behavior.[1]

A.1 Mildly Retarded: Meeting definition of mental retardation with I.Q. in the range of 53-69.

A.2 Moderately Retarded: Meeting definition of mental retardation with I.Q. in the range of 36-52.

A.3 Severely Retarded: Meeting definition of mental retardation with I.Q. in the range of 20-35.

A.4 Profoundly Retarded: Meeting definition of mental retardation with I.Q. below 20.

SERIOUS SECONDARY DISABILITIES OF MENTALLY RETARDED

B. SERIOUS SECONDARY DISABILITY: A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual.

B.1 No Secondary Disability: The total number of children with no diagnosed secondary disability.

B.2 Orthopedic or Other Health Impairment: Nonsensory physical impairments or health problems of a severity such that special environmental adaptations, activities, training equipment, instructional materials, and services are required in performing normal activities of learning and daily living.

B.3 Emotional Disturbance or Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

B.4 Hearing Impairment: Hearing losses such that it is difficult to hear speech from a distance of more than just a few feet without amplification, generally includes those with a hearing loss of 26 decibels or more across the speech range.

B.5 Visual Impairment: Maximally corrected visual acuity of 20/70 in the better eye, needs assistive devices or large type for reading activities, or is seriously limited in major life activities by impaired vision.

B.6 Speech or Language Impairment: Serious communication disorders of speech (e.g., articulation disorders, stuttering, voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

B.7 Autism: Characterized by major pervasive deviations from normal psychological, social, and communicative development from early childhood that are differentiated from those of severe or profound mental retardation by being unassociated with any normal developmental stage (also diagnosed as Childhood Schizophrenia).

B.8 Other or Unspecified Impairment: Includes all other types of disabilities not included in the above categories.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used, please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3; moderate, more than 3 but less than or equal to 4; severe, 4 to 5; and profound, greater than 5.

Nature of Disabilities in Mentally Retarded Population

(B)

Serious Secondary Disabilities of Mentally Retarded

For the children in column A, please indicate the number with serious secondary disabilities by category (see definitions, facing page). A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual. If a child has no serious secondary disability, please count that child in column (B.1), under "No Secondary Disability."

(A)
Primary Disability:
Mental Retardation

Please indicate the total number of children age 21 or younger with mental retardation by their level of retardation.

Level of Retardation	(A)		(B.1) No Secondary Disability		(B.2) Orthopedic or Other Health Impairment		(B.3) Emotional Disturbance or Behavior Disorders		(B.4) Hearing Impairment		(B.5) Visual Impairment		(B.6) Speech or Language Impairment		(B.7) Autism		(B.8) Other or Unspecified Impairment
A.1 Mild		=		+		+		+		+		+		+		+	
A.2 Moderate		=		+		+		+		+		+		+		+	
A.3 Severe		=		+		+		+		+		+		+		+	
A.4 Profound		=		+		+		+		+		+		+		+	
(C) Total																	

Please continue to the next page.

(D) **The definitions used in this module (see the back of the cover page) may differ from the definitions used by this facility. If different definitions were used in completing this module, please describe these definitions here. Please attach additional pages if necessary.**

____

____

____

____

____

(E) For the total children and youth shown in (C), please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Mentally Retarded Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(F) For the children and youth shown in (C), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic										Total Mentally Retarded Age 21 or Younger (should equal total in (C))
White		Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		
	+		+		+		+		=	

(G) For the total children and youth shown in (C), please provide a breakdown of their gender:

Males		Females		Total Mentally Retarded Age 21 or Younger (should equal total in (C))
	+		=	

POPULATION MODULE: LEARNING DISABILITIES/SPEECH OR LANGUAGE IMPAIRMENTS

OMB Clearance #: 1820-0559
MPRI #: 940

POPULATION MODULE
LEARNING DISABILITIES OR SPEECH OR LANGUAGE IMPAIRMENTS

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item D on the last page of this module.

THIS MODULE:
If the population served in the facility does not include persons who are learning disabled or who have speech language impairments as their primary diagnosis or if some of the children and youth have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with learning disabilities or speech or language impairments 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Under the heading "PRIMARY DISABILITY," please report the number of children (21 or younger) who have a primary diagnosis of learning disability or of speech or language impairments, according to the most appropriate subgroup.

2. Under the heading "SERIOUS SECONDARY DISABILITIES," please indicate within those subgroups, the number of learning disabled or speech or language impaired children who have secondary disabilities.

For the purposes of this module, please consider secondary disabilities to be ones that are serious enough that in the absence of the primary disability the individual would still be considered handicapped on the basis of the secondary disability. Please do not consider as a secondary disability conditions that are a direct and common manifestation of a primary disability (e.g., learning disabilities associated with speech or language impairments). If a child has more than one secondary disability, please count the one that you consider to be the greatest impairment to his or her academic, social or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: LEARNING DISABILITIES OR SPEECH OR LANGUAGE IMPAIRMENTS MODULE

PRIMARY DISABILITY

(A) LEARNING DISABLED: Normal or above normal I.Q. with academic progress significantly below one's mental age expectations that is not attributed to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

SPEECH OR LANGUAGE IMPAIRMENT: Serious communication disorders of speech (e.g., articulation disorders, stuttering, or voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

A.1 Mild/Moderate Learning Disability: Academic achievement in age level equivalents in either reading or mathematics that is more than 50 percent of mental age, where age level equivalent equals grade level plus 5 years and mental age equals I.Q. multiplied by chronological age.

A.2 Severe Learning Disability: Academic achievement in age level equivalents in either reading or mathematics that is less than 50 percent of mental age, where age level equivalent equals grade level plus 5 years and mental age equals I.Q. multiplied by chronological age.

A.3 Speech Impairment: Serious communication disorders of speech (e.g., articulation disorders, stuttering, voice impairment.)

A.4 Language Impairment: Serious communication disorders due to significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

A.5 Other: Please indicate any other types of primary handicapping conditions of the children who are diagnosed as learning disabled or having speech or language impairment.

SERIOUS SECONDARY DISABILITIES OF LEARNING DISABLED OR SPEECH OR LANGUAGE IMPAIRED

B. SERIOUS SECONDARY DISABILITIES: A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual.

B.1 No Secondary Disability: The total number of children with no diagnosed secondary disability.

B.2 Speech or Language Impairment: Serious communication disorders of speech (e.g., articulation disorders, stuttering, or voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

B.3 Learning Disabled: Normal or above normal I.Q. with academic progress significantly below one's mental age expectations that is not attributed to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

B.4 Orthopedic or Other Health Impairment: Nonsensory physical impairments or health problems of a severity such that special environmental adaptations, activities, training equipment, instructional materials, and services are required in performing normal activities of learning and daily living.

B.5 Emotional Disturbance or Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

B.6 Hearing Impairment: Hearing losses such that it is difficult to hear speech from a distance of more than a few feet without amplification, generally includes those with a hearing loss of 26 decibels or more across the speech range.

B.7 Visual Impairment: Maximally corrected visual acuity of 20/70 in the better eye, needing assistive devices or large type for reading activities, or serious limitation in major life activities due to by impaired vision.

B.8 Other Impairment: Includes all other types of disability not included in the above categories.

Nature of Disabilities of Learning Disabled or Speech or Language Impaired Population

(B)

Serious Secondary Disabilities of Learning Disabled or Speech or Language Impaired

For the children in column A, please indicate the number with serious secondary disabilities by category (see definitions, facing page). A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual. If a child has no serious secondary disability, please count that child in column B.1, "No Secondary Disability."

Primary Handicapping Condition: Learning Disabled or Speech or Language Impairments

Please indicate the total number of children age 21 or younger with learning disabilities, or speech or language impairments by degree of or type of impairment.

Learning Disabled or Speech or Language Impairments		(B.1) No Secondary Disability	(B.2) Speech or Language Impairment	(B.3) Learning Disabled	(B.4) Orthopedic or Other Health Impairment	(B.5) Emotional Disturbance or Behavior Disorders	(B.6) Hearing Impairment	(B.7) Visual Impairment	(B.8) Other or Unspecified Impairment
A.1 Mild/Moderate Learning Disability	☐ +	= ☐	+ ☐	+ --	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
A.2 Severe Learning Disability	☐ +	= ☐	+ ☐	+ --	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
A.3 Speech Impairment	☐ +	= ☐	+	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
A.4 Language Impairment	☐ +	= ☐	+	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
A.5 Other ________ ________ ________	☐ =	= ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐	+ ☐
(C) Total Learning Disabled/ Speech or Language Impaired	☐								

Please continue to the next page.

(D) **The definitions used in this module (see the back of the cover page) may differ from the definitions used by this facility. If different definitions were used in completing this module, please describe these definitions here. Please attach additional pages if necessary.**

(E) For the total children and youth shown in (C), please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Learning Disabled, Speech or Language Impaired Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(F) For the total children and youth shown in (C), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic White		Non-Hispanic Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Learning Disabled, Speech or Language Impaired Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(G) For the total children and youth shown in (C), please provide a breakdown of their gender:

Males		Females		Total Learning Disabled, Speech or Language Impaired Age 21 or Younger (should equal total in (C))
	+		=	

POPULATION MODULE: ORTHOPEDIC (PHYSICAL) IMPAIRMENTS

OMB Clearance #: 1820-0559
MPRI #: 941

POPULATION MODULE
ORTHOPEDIC (PHYSICAL) IMPAIRMENTS

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item D on the last page of this module.

THIS MODULE:
If the population served in the facility does not include persons who have orthopedic impairments as their primary diagnosis or if some of the children or youth have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with orthopedic impairments 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Under the heading "PRIMARY DISABILITY," please report the number of children (21 or younger) who have a primary diagnosis of orthopedic (physical) impairment according to the most appropriate subgroup.

2. Under the heading "SERIOUS SECONDARY DISABILITIES," please indicate within those subgroups, the number of children with orthopedic impairments who have secondary disabilities.

For the purposes of this module, please consider secondary disabilities to be ones that are serious enough that in the absence of the primary disability, the individual would still be considered handicapped on the basis of the secondary disability. Please do not consider as a secondary disability conditions that are a direct and common manifestation of a primary disability. If a child has more than one secondary disability, please count the one that you consider to be the greatest impairment to his or her academic, social or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: ORTHOPEDIC IMPAIRED MODULE

PRIMARY DISABILITY

(A) ORTHOPEDICALLY (PHYSICALLY) IMPAIRED: Nonsensory physical limitations of a severity such that special environmental adaptation, training equipment or materials are required in performing normal activities of learning and daily living.

A.1 Cerebral Palsy: Diagnosed as having cerebral palsy and experiencing significant impairment in the control of muscle groups.

A.2 Quadreplegia: Paralysis of all four limbs.
Paraplegia: Paralysis of legs.
Hemiplegia: Paralysis of one half of the body.

A.3 Missing or Deformed Limbs: Congenitally malformed extremities or congenital and surgical amputation.

A.4 Other Neurological or Musculoskeletal Conditions: Any other primary handicapping condition that is directly related to the neurological or musculoskeletal systems.

SERIOUS SECONDARY DISABILITIES OF ORTHOPEDICALLY IMPAIRED

B. SERIOUS SECONDARY DISABILITIES: A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual.

B.1 No Secondary Disability: The total number of children with no diagnosed secondary disability.

B.2 Mild or Moderate Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications mild (I.Q. = 53-69) and moderate (I.Q.= 36-52).

B.3 Severe or Profound Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications severe (I.Q. = 20-35) and profound (I.Q. = 19 or below).

B.4 Emotionally Disturbed or Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

B.5 Hearing Impairment: Hearing losses such that it is difficult or impossible to hear speech from a distance of more than a few feet without amplification, which by convention, generally includes those with a hearing loss of 26 decibels or more across the speech range.

B.6 Visual Impairment: Maximally corrected visual acuity of 20/70 in the better eye, needs assistive devices or large type for reading activities, or serious limitation in major life activities due to impaired vision.

B.7 Speech or Language Impairment: Serious communication disorders of speech (e.g., articulation disorders, stuttering, or voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

B.8 Learning Disabled: Normal or above normal I.Q. with academic progress significantly below one's mental age expectation that is not attributable to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

B.9 Health Impairment: Nonsensory health problems that require adaptation in the physical environment, activities, equipment, instructional materials, and services used in education and residential settings (e.g., respiratory conditions, circulatory conditions, autism or childhood schizophrenia).

B.10 Other or Unspecified Impairment: Includes all other types of disability not included in the above categories.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3; moderate, more than 3 but less than or equal to 4; severe, 4 to 5; and profound, greater than 5.

Nature of Disabilities in Orthopedic (Physically) Impaired Population

(A)

Primary Disability: Orthopedic (Physical) Impairment

Please indicate the total number of children age 21 or younger with Orthopedic Impairments by type of impairment.

(B)

Serious Secondary Disabilities of Orthopedically Impaired

For the children in column A, please indicate the number with serious secondary disabilities by category (see definitions, facing page). **A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual.** If a child has no secondary disabilities, please count that child in column B.1 under "No Secondary Disability".

ORTHOPEDIC IMPAIRMENTS	(A)	(B.1) No Secondary Disability	(B.2) Mild or Moderate Mental Retardation	(B.3) Severe or Profound Mental Retardation	(B.4) Emotional Disturbance or Behavior Disorders	(B.5) Hearing Impairment	(B.6) Visual Impairment	(B.7) Speech or Language Impairment	(B.8) Learning Disabled	(B.9) Health Impairment	(B.10) Other or Unspecified Impairment
A.1 Cerebral Palsy											
A.2 Quadreplegia, Paraplegia, or Hemiplegia											
A.3 Missing or Deformed Limbs											
A.4 Other Neurological or Musculoskeletal Conditions (please specify)											
(C) Total Orthopedically Impaired											

Please continue to next page.

(D) The definitions used in this module (see the back of the cover page) may differ from the definitions used by this facility. If different definitions were used in completing this module, please describe these definitions here. Please attach additional pages if necessary.

(E) For the total children and youth shown in (C), please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Orthopedically Impaired Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(F) For the children and youth shown in (C), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic White		Non-Hispanic Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Orthopedically Impaired Age 21 or Younger (should equal total in (C))
	+		+		+		+		=	

(G) For the total children and youth shown in (C), please provide a breakdown of their gender:

Males		Females		Total Orthopedically Impaired Age 21 or Younger (should equal total in (C))
	+		=	

POPULATION MODULE: HEALTH IMPAIRMENTS INCLUDING AUTISM

OMB Clearance #: 1820-0559
MPRI #: 944

POPULATION MODULE
HEALTH IMPAIRMENTS INCLUDING AUTISM

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item D on the last page of this module.

THIS MODULE:
If the population served in the facility does not include persons who have health impairments as their primary diagnosis or if some of the children have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with health impairments 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Under the heading "PRIMARY DISABILITY," please report the number of children (21 or younger) who have a primary diagnosis of health impairment according to the most appropriate subgroup.

2. Under the heading "SERIOUS SECONDARY DISABILITIES," please indicate within those subgroups, the number of children with health impairments who have secondary disabilities.

For the purposes of this module, please consider secondary disabilities to be ones that are serious enough that in the absence of the primary disability the individual would still be considered handicapped on the basis of the secondary disability. Please do not consider as a secondary disability conditions that are a direct and common manifestation of a primary disability. If a child has more than one secondary disability, please count the one that you consider to be the greatest impairment to his or her academic, social or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: HEALTH IMPAIRED MODULE

PRIMARY DISABILITY

(A) HEALTH IMPAIRED: Nonsensory health problems that require adaptation in the physical environment, activities, equipment, instructional materials, and services used in education and residential settings.

A.1 Respiratory Conditions: Chronic respiratory conditions of a severity such that special environmental conditions, equipment, activities or educational programs are required in performing the normal activities of learning and daily living (e.g., severe asthma, cystic fibrosis, or tuberculosis).

A.2 Circulatory Conditions: Chronic conditions of the circulatory, blood, or blood forming organs such that special environmental conditions, equipment, activities or educational programs are required in performing the normal activities of learning and daily living (e.g., heart conditions, hemophilia, or leukemia).

A.3 Autism or Childhood Schizophrenia: Major personality deviation from normal psychological, social, and communication development from early childhood that are differentiated from those of severe or profound mental retardation by their being unassociated with any normal developmental stage; behavior is often characterized by detachment from other persons and ritualistic and compulsive nature (was included in the emotional disturbances category by the Department of Education until 1981).

A.4 Other Health Impairments: Please indicate any other types of health impairments that are primary handicapping conditions of the children of your facility.

SERIOUS SECONDARY DISABILITIES OF HEALTH IMPAIRED

B. SERIOUS SECONDARY DISABILITIES: A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual.

B.1 No Secondary Disability: The total number of children with no diagnosed secondary disability.

B.2 Mild or Moderate Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications mild (I.Q. = 53-69) and moderate (I.Q. = 36-52).

B.3 Severe or Profound Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications severe (I.Q. = 20-35) and profound (I.Q. = 19 or below).

B.4 Emotionally Disturbed or Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that it interferes with learning, interpersonal relationships, and social adjustment to an extent that it justifies psychotherapeutic or behavioral intervention.

B.5 Hearing Impairment: Hearing losses such that it is difficult or impossible to hear speech from a distance of more than a few feet without amplification, which by convention, generally includes those with a hearing loss of 26 decibels or more across the speech range.

B.6 Visual Impairment: Maximally corrected visual acuity of 20/70 in the better eye, needs assistive devices or large type for reading activities, or serious limitation in major life activities due to impaired vision.

B.7 Speech or Language Impairment: Serious communication disorders of speech (e.g., articulation disorders, stuttering, or voice impairments) or significantly retarded or deviant language development that is not attributable to one's age, learning a nonprimary language, relatively lower intelligence, or sensory impairment.

B.8 Learning Disabled: Normal or above normal I.Q. with academic progress significantly below one's mental age expectation that is not attributable to impairment of sensory acuity, emotional disturbance, or to factors of language, culture, or opportunity to learn.

B.9 Orthopedic Impairment: Nonsensory physical limitations of a severity such that special environmental adaptations, training equipment or materials are required in performing normal activities of learning and daily living (e.g., Cerebral Palsy, Quadriplegia, Paraplegia, Hemiplegia).

B.10 Other or Unspecified Impairment: Includes all other types of disability not included in the above categories.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3, moderate, more than 3 but less than or equal to 4, severe, 4 to 5, and profound, greater than 5.

Nature of Disabilities in Health Impaired Population

(A)

Primary Disability:
Health Impairments

Please indicate the total number of children age 21 or younger with Health Impairments by type of impairment.

(B)

Serious Secondary Disabilities of Health Impaired

For the children in column A, please indicate the number with serious secondary disabilities by category (see definitions, facing page). A serious secondary disability is a disability that is serious enough that in the absence of the primary disability, a child would still be considered handicapped. A direct and common manifestation of a primary disability should not be considered a secondary disability. If an individual child has more than one serious secondary disability, please count only the most serious secondary disability for that individual. If a child has no secondary disabilities, please count that child in column B.1 under "No Secondary Disability".

HEALTH IMPAIRMENTS	(A)		(B.1) No Secondary Disability		(B.2) Mild or Moderate Mental Retardation		(B.3) Severe or Profound Mental Retardation		(B.4) Emotional Disturbance or Behavior Disorders		(B.5) Hearing Impairment		(B.6) Visual Impairment		(B.7) Speech or Language Impairment		(B.8) Learning Disabled		(B.9) Orthopedic Impairment		(B.10) Other or Unspecified Impairment
A.1 Respiratory Conditions	☐ +	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐
A.2 Circulatory Condition	☐ +	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐
A.3 Autism or Childhood Schizophrenia	☐ +	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐
A.4 Please list any other Health Impairments	☐	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐

____

____

____

(C) Total Health Impaired ☐

Please continue to the next page

(D) The definitions used in this module (see the back of the cover page) may differ from the definitions used by this facility. If different definitions were used in completing this module, please describe these definitions here. Please attach additional pages if necessary.

____

____

____

____

____

(E) For the total children and youth shown in (C), please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Health Impaired Age 21 or Younger (should equal total in (C))
☐	+	☐	+	☐	+	☐	+	☐	=	☐

(F) For the children and youth shown in (C), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic										
White		Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Health Impaired Age 21 or Younger (should equal total in (C))
☐	+	☐	+	☐	+	☐	+	☐	=	☐

(G) For the total children and youth shown in (C), please provide a breakdown of their gender:

Males		Females		Total Health Impaired Age 21 or Younger (should equal total in (C))
☐	+	☐	=	☐

POPULATION MODULE: MULTIPLE HANDICAPS

OMB Clearance #: 1820-0559
MPRI #: 945

POPULATION MODULE
MULTIPLY HANDICAPPED

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item F, page 4, of this module.

THIS MODULE:
Multiply handicapped is defined as having two or more handicapping conditions that are so severely disabling that a single primary handicapping condition cannot be diagnosed. If the population served in the facility does not include persons who are diagnosed as multiply handicapped or if some of the children have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth with multiple handicaps, 21 years of age or younger in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Please enter in the box labeled "Total Multiply Handicapped Children" the total number of children and youth age 21 or younger at the facility who are diagnosed as multiply handicapped.

2. Using the grid provided, please locate on one axis one of two handicapping conditions of the children diagnosed as multiply handicapped.

3. Locate along the other axis the other handicapping condition.

For example, children with multiple handicaps who are diagnosed as both severely mentally retarded and orthopedically impaired would be counted in the box at the intersection of row C.5 and column B.1. Children who are diagnosed as moderately mentally retarded and autistic would be counted in the box at the intersection of row C.7 and column B.2.

If a child has more than two severe handicapping conditions, please count only the two conditions that you consider to be the greatest impairment to his or her intellectual, social, or vocational development.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: MULTIPLY-HANDICAPPED MODULE

B.1 Severe or Profound Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications severe (I.Q. = 20-35) and profound (I.Q. = 19 or below).

B.2 Mild or Moderate Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in the I.Q. by the subclassifications mild (I.Q. = 53-69) and moderate (I.Q. = 36-52).

B.3 or C.1 Deaf: Hearing impairment that precludes successful processing of linguistic information through audition, with or without a hearing aid or (generally associated with a hearing loss of 90 or more decibels across the speech range).

B.4 or C.2 Hearing Impairment (not deaf): Hearing losses such that it is difficult to hear speech from a distance of more than a few fee without amplification, generally includes those with a hearing loss of 26 decibels or more across the speech range but not including persons who are diagnosed as deaf (see definition of Deaf above).

B.5 or C.3 Blind: Useful vision beyond light perception but maximum acuity in the better eye of 20/200 or less, or a visual field of no greater than 20 degrees.

B.6 or C.4 Other Visual Impairment (not Blind): Maximally corrected visual acuity of 20/70 in the better eye, needing assistive devices or large type for reading activities, or serious limitations in major life activities due to impaired vision but not including those diagnosed as blind (see definition of Blind above).

B.7 or C.5 Orthopedic (Physical) Impairment: Nonsensory physical limitations of a severity such that special environmental adaptation, training equipment and materials are required in performing normal activities of learning and daily living.

B.8 or C.6 Health Impairment: Nonsensory health problems that require adaptations in the physical environment, activities, equipment, instructional materials, and services used in education and residential settings. Includes chronic and acute respiratory and circulatory conditions and other health conditions.

B.9 or C.7 Autistic: Characterized by major pervasive deviations from normal psychological, social, and communicative development from early childhood that are differentiated from those of severe or profound mental retardation by being unassociated with any normal developmental stage (commonly diagnosed as Childhood Schizophrenia).

B.10 or C.8 Emotional Disturbance and Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that they interfere with learning, interpersonal relationships, and social adjustment to an extent that they justify psychotherapeutic or behavioral intervention.

B.11 or C.9 Other or Unspecified Impairment: Please include in this category any other types of disability not included above.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3; moderate, more than 3 but less than or equal to 4; severe, 4 to 5; and profound, greater than 5.

Nature of Disabilities in Multiply Handicapped Population

Please enter the total number of children who are diagnosed as multiply-handicapped in box (A) below.

Please locate on one axis, one of the two severe handicapping conditions of multi-handicapped children at your facility. Then locate along the other axis the other serious handicapping conditions for the children of your facility with multiple handicaps. If a multi-handicapped child has more than two serious handicapping conditions, please make a judgement about which two represent the greatest impairment to his or her educational or developmental progress and indicate those conditions in the boxes below. For example, children with multiple handicaps who are diagnosed as both severely mentally retarded and orthopedically impaired would be counted in the box at the intersection of row (C.5) and column (B.1.) Children who are diagnosed as moderately mentally retarded and autistic would be counted at the intersection of row (C.7) and column (B.2). The entries in the boxes in this grid should sum to the total number of children with multiple handicaps in box (A).

(A) Total Multiply Handicapped Children ☐

(C)	(B.1) Severe or Profound Mental Retardation	(B.2) Mild or Moderate Mental Retardation	(B.3) Deaf	(B.4) Hearing Impairment (Not Deaf)	(B.5) Blind	(B.6) Visual Impairment (not Blind)	(B.7) Orthopedic Impairment	(B.8) Health Impairment	(B.9) Autistic	(B.10) Emotional Disturbance or Behavior Disorders	(B.11) Other or Unspecified Impairment
C.1 Deaf	☐	☐	--	--	--	--	--	--	--	--	--
C.2 Hearing Impairment (not deaf)	☐	☐									
C.3 Blind	☐	☐	☐	☐							
C.4 Visual Impairment (not Blind)	☐	☐	☐	☐							
C.5 Orthopedic Impairment	☐	☐	☐	☐	☐	☐					
C.6 Health Impairment	☐	☐	☐	☐	☐	☐	☐				
C.7 Autistic	☐	☐	☐	☐	☐	☐	☐	☐			
C.8 Emotional Disturbance or Behavior Disorder	☐	☐	☐	☐	☐	☐	☐	☐	☐		
C.9 Other or Unspecified Impairment	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	

Please continue to the next page.

(D) Please indicate the number of children in (A) who have three severe handicapping conditions.

|______________|

(E) Please indicate the number of children in (A) who have four or more severe handicapping conditions.

|______________|

(F) The definition of multiply handicapped used in this module (see cover page) may differ from the definitions used by this facility. If the definitions are different, please describe how the facility defines multiply handicapped. Please attach additional pages if necessary.

____

____

____

____

____

(G) For the total children and youth shown in (A), Please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Multiply Handicapped Age 21 or Younger (should equal total in (A))
	+		+		+		+		=	

(H) For the total children and youth shown in (A), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic White		Non-Hispanic Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Multiply Handicapped Age 21 or Younger (should equal total in (A))
	+		+		+		+		=	

(I) For the total children and youth shown in (A), please provide a breakdown of their gender.

Males		Females		Total Multiply Handicapped Age 21 or Younger (should equal total in (A))
	+		=	

POPULATION MODULE: NONCATEGORICAL OR OTHER HANDICAPS

OMB Clearance #: 1820-0559
MPRI #: 968

POPULATION MODULE
NONCATEGORICAL OR OTHER HANDICAPS

INSTRUCTIONS

DEFINITIONS OF HANDICAPS:
Modules have been developed for each of the several major diagnostic groups. For purposes of the research, the definitions of these groups differ from those used by the U.S. Department of Education. Please review the study definitions provided on the back of this cover page, and use them if at all possible. If you are unable to provide the information requested using these definitions, please describe the definitions you used in Item F, page 4, of this module.

THIS MODULE:
This module is intended for children who are not classified or categorized by handicap, or whose handicapping condition does not fit into one of the major diagnostic groups. If some of the children have other primary diagnoses for which the appropriate population module has not been included, please call Dr. Susan Stephens collect at (609) 799-3535 to obtain the appropriate population module.

COMPLETION PROCEDURES:
This module is intended to gather information on the nature and severity of disability of children and youth 21 years of age or younger who are not classified or categorized by handicap, or who have other handicaps and who are in the day and residential programs at this facility during the 1987-1988 regular school year.

1. Please enter in the box labeled "Total Children in Noncategorical or Other Handicap Groups," the total number of children and youth age 21 or younger at the facility who are in these groups.

2. Please describe on the lines provided under column B the primary presenting problems for the children at your facility who are in noncategorical or other handicap groups. Some examples of such descriptions might be: mild to moderate developmental delay; genetic syndromes affecting development; infants or young children with no clear diagnoses; neurological involvement.

3. Under each description, please write in the far left box the number of children to whom the description applies.

4. For each group of children described, please enter in each box, C.1 through C.13, the number who have a secondary diagnosis of a particular handicapping condition. If a child has more than one secondary diagnosis, please make a judgment about which one represents the greatest impairment to his or her educational or developmental progress.

PLEASE COUNT EACH CHILD ONLY ONCE.

DEFINITIONS: NONCATEGORICAL AND OTHER HANDICAPS

C.1 Severe or Profound Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in I.Q. by the subclassifications severe (I.Q. = 20-35) and profound (I.Q. = 19 or below).

C.2 Mild or Moderate Mental Retardation[1]: Significantly subaverage I.Q. with accompanying deficits in adaptive behavior, more specifically demarcated in the I.Q. by the subclassifications mild (I.Q. = 53-69) and moderate (I.Q. = 36-52).

C.3 Deaf: Hearing impairment that precludes successful processing of linguistic information through audition, with or without a hearing aid (generally associated with a hearing loss of 90 or more decibels across the speech range).

C.4 Hearing Impairment (not deaf): Hearing losses such that it is difficult to hear speech from a distance of more than a few feet without amplification, generally includes those with a hearing loss of 26 decibels or more across the speech range but not including persons who are diagnosed as deaf (see definition of Deaf above).

C.5 Blind: Useful vision beyond light perception but maximum acuity in the better eye of 20/200 or less, or a visual field of no greater than 20 degrees.

C.6 Other Visual Impairment (not Blind): Maximally corrected visual acuity of 20/70 in the better eye, needing assistive devices or large type for reading activities, or serious limitations in major life activities due to impaired vision but not including those diagnosed as blind (see definition of Blind above).

C.7 Deaf and Blind: See definitions of Deaf and Blind above.

C.8 Orthopedic (Physical) Impairment: Nonsensory physical limitations of a severity such that special environmental adaptation, training equipment and materials are required in performing normal activities of learning and daily living.

C.9 Health Impairment: Nonsensory health problems that require adaptations in the physical environment, activities, equipment, instructional materials, and services used in education and residential settings. Includes chronic and acute respiratory and circulatory conditions and other health conditions.

C.10 Autistic: Characterized by major pervasive deviations from normal psychological, social, and communicative development from early childhood that are differentiated from those of severe or profound mental retardation by being unassociated with any normal developmental stage (commonly diagnosed as Childhood Schizophrenia).

C.11 Emotional Disturbance and Behavior Disorders: Chronic exhibition of situationally inappropriate behavior or thought which deviates substantially from behavior considered appropriate to one's chronological and mental age such that they interfere with learning, interpersonal relationships, and social adjustment to an extent that they justify psychotherapeutic or behavioral intervention.

C.12 Other or Unspecified Impairment: Please include in this category any other types of disability not included above.

---

[1] MENTAL RETARDATION: Level of mental retardation assumes that I.Q. was measured using a test having a standard deviation of 15. If a scale with a different standard deviation is used please assume, by convention, that mild has a standard deviation from the mean of more than 2, but less than or equal to 3; moderate, more than 3 but less than or equal to 4; severe, 4 to 5; and profound, greater than 5.

Nature of Disabilities in Noncategorical or Other Handicap Groups

Please enter the total number of children who are in noncategorical or other handicap groups in box (A) below.

Please describe on the lines provided under column B the primary presenting problems for the children at your facility who are in noncategorical or other handicap groups. Some examples of such descriptions might be: mild to moderate developmental delay; genetic syndromes affecting development; infants or young children with no clear diagnoses; neurological involvement. Under each description, please write in the far left box the number of children to whom the description applies. Then for each group of children described, please enter in each box, C.1 through C.12, the number who have a secondary diagnosis of a particular handicapping condition. If a child has more than one secondary diagnosis, please make a judgment about which one represents the greatest impairment to his or her educational or developmental progress. For example, if in B.1 you describe a group of children at the facility as being severely developmentally delayed and several have hearing impairments as well, please enter the number with hearing impairments in the box under C.4. If a child who is severely developmentally delayed and hearing impaired also has been diagnosed with a severe behavior disorder, please make a judgment as to whether it is the hearing impairment or the behavior disorder that represents the greatest impairment and count the child in the appropriate box. The entries in the boxes in each row should sum to the total number of children to whom the description in B applies, and the entries summed for all the boxes in this grid should sum to the total number of children in box (A). Please count each child only once.

(A) Total Children in Noncategorical or Other Handicap Groups ☐

(C) Secondary Diagnosis

(B) Primary Presenting Problems		(C.1) No Secondary Diagnosis	(C.2) Severe or Profound Mental Retardation	(C.3) Mild or Moderate Mental Retardation	(C.4) Deaf	(C.5) Hearing Impairment (Not Deaf)	(C.6) Blind	(C.7) Visual Impairment (not Blind)	(C.8) Deaf and Blind	(C.9) Orthopedic Impairment	(C.10) Health Impairment	(C.11) Autistic	(C.12) Emotional Disturbance or Behavior Disorders	(C.13) Other or Unspecified Impairment
B.1 ____________________														
Total with Presenting Problem Described Above														
B.2 ____________________														
Total with Presenting Problem Described Above														
B.3 ____________________														
Total with Presenting Problem Described Above														

Please continue to the next page.

			(C.1) No Secondary Diagnosis		(C.2) Severe or Profound Mental Retardation		(C.3) Mild or Moderate Mental Retardation		(C.4) Deaf		(C.5) Hearing Impairment (Not Deaf)		(C.6) Blind		(C.7) Visual Impairment (not Blind)		(C.8) Deaf and Blind		(C.9) Orthopedic Impairment		(C.10) Health Impairment		(C.11) Autistic		(C.12) Emotional Disturbance or Behavior Disorders		(C.13) Other or Unspecified Impairment
B.4 ______ Total with Presenting Problem Described Above	☐	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐
B.5 ______ Total with Presenting Problem Described Above	☐	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐
B.6 ______ Total with Presenting Problem Described Above	☐	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐
B.7 ______ Total with Presenting Problem Described Above	☐	=	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐	+	☐

Please continue to the next page.

(D) Please indicate the number of children in (A) who have three severe handicapping conditions.

|________________|

(E) Please indicate the number of children in (A) who have four or more severe handicapping conditions.

|________________|

(F) The definitions of handicapping conditions used in this module (see cover page) may differ from the definitions used by this facility. If the definitions are different, please describe how the facility defines handicapping conditions. Please attach additional pages if necessary.

____

____

____

____

____

Please continue to the next page.

(G) For the total children and youth shown in (A), Please provide a breakdown of their ages into the following groups:

Birth to 2 years		3-5		6-11		12-17		18-21		Total Persons in Non-categorical or Other Handicap Groups Age 21 or Younger (should equal total in (A))
	+		+		+		+		=	

(H) For the total children and youth shown in (A), please provide a breakdown of their race/ethnicity into the following categories:

Non-Hispanic White		Non-Hispanic Black		Hispanic		American Indian or Alaskan Native		Asian or Pacific Islander		Total Persons in Non-categorical or Other Handicap Groups Age 21 or Younger (should equal total in (A))
	+		+		+		+		=	

(I) For the total children and youth shown in (A), please provide a breakdown of their gender:

Males		Females		Total Persons in Non-categorical or Other Handicap Groups Age 21 or Younger (should equal total in (A))
	+		=	

REMINDER LETTERS

Dear

Thank you for participating in the Study of Programs of Instruction for Handicapped Children and Youth in Day and Residential Facilities being conducted for the U.S. Department of Education by Mathematica Policy Research, Inc.

We recently mailed you a packet of materials containing a main questionnaire designed for the program at your facility and separate population modules for the primary handicapping conditions of the children your facility serves. If you have completed and returned the questionnaire materials, we would like to thank you for taking the time to participate in this study.

If you did not receive the materials, please call me collect at (609) 799-3535 and we will send you another packet. If you have found after your review of the questionnaire packet, that some of the requested information is not available, please note this on the questionnaire and answer the remaining questions. Any information you can provide will make an important contribution toward accurate, up-to-date reports on separate facilities for students with handicaps. If you believe that completing the questionnaire will involve significantly more than one to two hours of your time, please call me collect so that we may discuss how to obtain information about your facility without undue burden on you and your staff.

We would appreciate it if you would take the time to complete the questionnaires and return them as soon as possible in the pre-addressed, postage-paid envelope that was provided.

We appreciate your participation thus far and look forward to your continued assistance with this important national study. We will be sending an executive summary of the results of the survey to participating facilities. If you have any questions, please call me collect at (609) 799-3535.

Sincerely,

Susan A. Stephens, Ph.D.
Project Director

December 23, 1988

As you know, there is a significant gap in the current understanding of the role of separate facilities in the continuum of education for handicapped students. In order to bridge that gap, the United States Department of Education is currently conducting **a Congressionally-mandated study of separate programs for students with handicaps.**

The Department has retained Mathematica Policy Research, Inc. to conduct this study of separate facilities to provide current nationally representative data on the programs offered in those facilities and on the student body enrolled in those programs.

In order to provide precise national data to the Congress, it is vital that all selected facilities participate in the survey. This fall you were sent a packet of survey materials. According to our records, **we have not yet received the completed forms and so have been attempting to reach you by telephone.** To facilitate your participation, we have developed a short telephone interview to obtain the most critical data required for the study.

We must complete all surveys by January 16 in order to provide the necessary information for the next annual report to Congress. If you are unable to return the survey materials by that date, or have decided not to complete the forms, please call us on our **toll-free number, 1-800-777-0085,** to schedule the telephone interview. This interview takes approximately 40 minutes and you may wish to designate a staff member who is familiar with the programs and students at your facility to answer the questions.

As you know, there are many issues facing separate facilities for handicapped students at the present time. **This study is a unique opportunity to ensure that accurate information is available** regarding these facilities and the services they provide to handicapped students. I recognize the burden that this survey may place on you and your staff, yet I am convinced that without this information the role of separate facilities in the system of special education may be underestimated.

Thank you for your consideration and I look forward to including your facility in this important national study.

Sincerely,

Susan A. Stephens

Susan A. Stephens, Ph.D.
Project Director

REMINDER CALL QUESTIONNAIRE, WITH REQUEST TO COMPLETE MAIL QUESTIONNAIRE

|__|__|__|__|__|

FACILITY ID NUMBE

HANDICAPPED YOUTH REMINDER CALL QUESTIONNAIRE

INTRODUCTION FOR RECEPTIONIST

Hello, my name is ____________________ from Mathematica Policy Research in Princeton, New Jersey. May I please speak to (NAME OF PERSON TO WHOM MATERIALS WERE SENT)?

IF PERSON ANSWERING PHONE WANTS TO KNOW WHAT THE CALL IS ABOUT, SAY: I would like to speak to (PERSON) regarding a study we are conducting for the United States Department of Education.

IF RESPONDENT IS NOT AVAILABLE, ASK FOR BEST TIME TO CALL BACK AND SCHEDULE AN APPOINTMENT.

WHEN RESPONDENT COMES TO THE PHONE, READ THE INTRODUCTION FOR THE MATERIALS RECIPIENT.

INTRODUCTION FOR MATERIALS RECIPIENT

Hello, my name is ____________________ from Mathematica Policy Research in Princeton, New Jersey. I am calling about the study we are conducting for the United States Department of Education.

R.1 We recently mailed the following materials to you: (READ LIST OF QUESTIONNAIRES MAILED FROM THE FIELD LOG). Did you receive the materials?

YES..............................01

NO.........(GO TO R.13)..........00

R.2 IF THE RESPONDENT QUESTIONS THE FACILITY'S ELIGIBILITY FOR PARTICIPATION IN THE STUDY, CONTINUE WITH R.3, ELSE SKIP TO R.6.

R.3 Let me just verify your facility's eligibility. Does (EXACT FACILITY NAME) directly provide special education services during the regular school day to handicapped persons age 21 or younger?

YES................................01

NO......(DESCRIBE SERVICES.......00
(AND END INTERVIEW)

____

____

____

R.4 And, are any non-handicapped students receiving educational services in the same buildings at your facility as the handicapped students?

NOTE: SOME STUDENTS MAY BE MAINSTREAMED OFF-CAMPUS. AS LONG AS THERE ARE NO NON-HANDICAPPED STUDENTS AT THE FACILITY, CODE "NO" (00).

YES.....(DESCRIBE AND END........01
INTERVIEW)

____

____

____

NO.................................00

R.5 Your facility is eligible for participation in our study.

* * * GO TO QUESTION R.8 * * *

R.6 Have the questionnaire materials been completed and returned?

YES................................01

NO.........(GO TO R.8)...........00

R.7 Thank you for participating in our study. We are looking forward to receiving the questionnaires. Approximately when were the materials sent?

DATE SENT: ____________________

* * * END OF INTERVIEW * * *

R.8 We are nearing the end of the data collection phase of the project. Do you plan to complete and return the questionnaires within the next two weeks?

POSITIVELY YES....................01

ANY RESPONSE OTHER THAN
ABSOLUTELY, POSITIVELY,
YES.......(GO TO R.10).........00

R.9 We are looking forward to receiving the questionnaire materials from you. Thank you very much for participating in the study. If you have any questions, please call Dr. Susan Stephens collect at (609) 275-2331.

* * * END OF INTERVIEW * * *

R.10 We realize that the questionnaire may be complicated for some facilities. I would be happy to have my supervisor call you if you have questions about completing the questionnaire.

R WANTS CALL.....................01

R DOESN'T NEED CALL..............00

R.10a In order to begin our analysis, we have developed a shorter version of the questionnaire that we can administer over the telephone. This version of the questionnaire collects only key elements from the materials that were sent to you and usually takes about 20 minutes to complete. We would still appreciate receiving the mail questionnaire at a later point if possible. Would now be a good time to conduct the short telephone interview? If you do not have the time yourself, perhaps there is someone else at the facility who could help us.

-- GO TO SHORT QUESTIONNAIRE OR SCHEDULE A CALL BACK.

-- IF THE RESPONDENT IS RELUCTANT TO PARTICIPATE IN THE TELEPHONE INTERVIEW AND HAS NOT HEARD THE "IMPORTANCE STATEMENT," READ THE "IMPORTANCE OF STUDY STATEMENT" AND TRY TO SCHEDULE AN INTERVIEW.

-- IF THE RESPONDENT INSISTS ON DOING THE MAIL SURVEY, GO TO R.11.

R.11 IF RESPONDENT INSISTS ON DOING THE MAIL SURVEY, ASK: Do you still have the questionnaire materials?

YES..............................01

NO.........(GO TO R.13)..........00

R.12 Because of the short time remaining in the study, we would appreciate receiving the completed materials by November 18, if at all possible. Thank you very much for your participating on the study. If you have any questions about the materials, please call Dr. Susan Stephens collect at (609) 275-2331.

* * * END OF INTERVIEW * * *

R.13 (I am sorry you did not receive the materials.) We will send out the materials immediately. To whom and to what address should they be mailed?

RECORD:

RESPONDENT'S NAME: ______________________________

RESPONDENT'S TITLE: ______________________________

FACILITY'S NAME: ______________________________

STREET ADDRESS: ______________________________

CITY, STATE, ZIP CODE: ______________________________

R.14 Just to verify our records, is (READ EXACT FACILITY NAME) a day school, or does it have a residential component?

DAY SCHOOL.......................01

RESIDENTIAL SCHOOL...............02

R.15 And, does the list of questionnaires I just read include all the handicapping conditions of the students who were served at your facility during the 1987-88 school year? REREAD LIST IF NECESSARY.

YES........(GO TO R.17)..........01

NO..............................00

R.16 What other handicapping conditions were served at your facility?

LIST CONDITIONS: ____

____

____

____

R.17 Does the list include any handicapping conditions that were not served at your facility during the 1987-88 school year.

YES.............................01

NO.........(GO TO R.19)..........00

R.18 Which handicapping conditions should not be included with the materials we will send you?

LIST CONDITIONS: ____

____

____

____

R.19 Because of the short time remaining in the study, we would appreciate receiving the completed materials by November 18, if at all possible. Thank you very much for participating in the study. If you have any questions about the materials, please call Dr. Susan Stephens collect at (609) 275-2331.

REMINDER CALL QUESTIONNAIRE, WITH REQUEST TO COMPLETE TELEPHONE INTERVIEW

|__|__|__|__|__|__|

FACILITY ID NUMBER

HANDICAPPED YOUTH REMINDER CALL QUESTIONNAIRE

INTRODUCTION FOR RECEPTIONIST

Hello, my name is ____________________ from Mathematica Policy Research in Princeton, New Jersey. May I please speak to (NAME OF PERSON TO WHOM MATERIALS WERE SENT)?

IF PERSON ANSWERING PHONE WANTS TO KNOW WHAT THE CALL IS ABOUT, SAY: I would like to speak to (PERSON) regarding a study we are conducting for the United States Department of Education.

IF RESPONDENT IS NOT AVAILABLE, ASK FOR BEST TIME TO CALL BACK AND SCHEDULE AN APPOINTMENT.

WHEN RESPONDENT COMES TO THE PHONE, READ THE INTRODUCTION FOR THE MATERIALS RECIPIENT.

INTRODUCTION FOR MATERIALS RECIPIENT

Hello, my name is ____________________ from Mathematica Policy Research in Princeton, New Jersey. I am calling about the study we are conducting for the United States Department of Education.

R.1 We recently mailed the following booklets to you: (READ LIST OF QUESTIONNAIRES MAILED FROM THE FIELD LOG). Did you receive the materials?

YES..............................01

NO.........(GO TO R.10a).........00

R.2 IF THE RESPONDENT QUESTIONS THE FACILITY'S ELIGIBILITY FOR PARTICIPATION IN THE STUDY, CONTINUE WITH R.3, ELSE SKIP TO R.6.

R.3 Let me just verify your facility's eligibility. Does (EXACT FACILITY NAME) directly provide special education services during the regular school day to handicapped persons age 21 or younger?

YES..............................01

NO......(DESCRIBE SERVICES.......00
(AND END INTERVIEW)

____

____

____

R.4 And, are any non-handicapped students receiving educational services in the same buildings at your facility as the handicapped students?

NOTE: SOME STUDENTS MAY BE MAINSTREAMED OFF-CAMPUS. AS LONG AS THERE ARE NO NON-HANDICAPPED STUDENTS AT THE FACILITY, CODE "NO" (00).

YES.....(DESCRIBE AND END........01
INTERVIEW)

____

____

____

NO...............................00

R.5 Your facility is eligible for participation in our study.

*** * * GO TO QUESTION R.8 * * ***

R.6 Have the questionnaire materials been completed and returned?

YES..............................01

NO.........(GO TO R.8)...........00

R.7 Thank you for participating in our study. We are looking forward to receiving the questionnaires. Approximately when were the materials sent?

DATE SENT: ______________________

*** * * END OF INTERVIEW * * ***

R.8 We are nearing the end of the data collection phase of the project. Do you plan to complete and return the questionnaires within the next two weeks?

POSITIVELY YES....................01

ANY RESPONSE OTHER THAN
ABSOLUTELY, POSITIVELY,
YES.......(GO TO R.10).........00

R.9 We are looking forward to receiving the questionnaire materials from you. Thank you very much for participating in the study. If you have any questions, please call Dr. Susan Stephens collect at (609) 275-2331.

* * * END OF INTERVIEW * * *

R.10 We realize that the questionnaire may be complicated for some facilities. I would be happy to have my supervisor call you if you have questions about completing the questionnaire.

R WANTS CALL.....................01

R DOESN'T NEED CALL..............00

R.10a In order to begin our analysis, we have developed a shorter version of the questionnaire that we can administer over the telephone. This version of the questionnaire collects only key elements from the materials that were sent to you and usually takes about 20 minutes to complete. We would still appreciate receiving the mail questionnaire at a later point if possible. Would now be a good time to conduct the short telephone interview? If you do not have the time yourself, perhaps there is someone else at the facility who could help us.

-- GO TO SHORT QUESTIONNAIRE OR SCHEDULE A CALL BACK.

-- IF THE RESPONDENT IS RELUCTANT TO PARTICIPATE IN THE TELEPHONE INTERVIEW AND HAS NOT HEARD THE "IMPORTANCE STATEMENT," READ THE "IMPORTANCE OF SJUDY STATEMENT" AND TRY TO SCHEDULE AN INTERVIEW.

-- IF THE RESPONDENT INSISTS ON DOING THE MAIL SURVEY, GO TO R.11.

R.11 Because of the short time remaining in the study, we would appreciate receiving the completed materials by November 23, if at all possible. Thank you very much for your participating on the study. If you have any questions about the materials, please call Dr. Susan Stephens collect at (609) 275-2331.

* * * END OF INTERVIEW * * *

TELEPHONE INTERVIEW FOR RESIDENTIAL FACILITIES WITH DAY PROGRAMS

OMB Clearance #: 1820-0559
MPRI #: 939

SURVEY OF FACILITIES SERVING CHILDREN AND YOUTH WITH HANDICAPS

MAIN QUESTIONNAIRE FOR RESIDENTIAL FACILITIES WITH DAY PROGRAMS

INSTRUCTIONS

TOPICS COVERED IN QUESTIONNAIRE:
This questionnaire contains questions on administrative characteristics of the facility, services and activities for students, numbers and background of staff, movement of students into and out of the facility, and changes in the facility's programs since 1976. We appreciate your care in providing as accurate information as possible. If, however, some of the requested information is not available, please note this on the questionnaire and answer the remaining questions.

PACKET MATERIALS:
Based on information provided to Mathematica Policy Research (MPR) during an earlier telephone interview, we have sent you this questionnaire for residential facilities with day education programs. If your program offers no residential services or if there are no education programs during the normal school day on campus for persons with handicaps 21 years or younger, please call Dr. Susan Stephens collect at 609-799-3535 to correct our information and receive the appropriate questionnaire.

POPULATION MODULES:
In the packet you will also find one or more separate short population modules designed to collect information on the types of handicaps of the children and youth in your facility. Again, these population modules for this facility were determined as appropriate for the facility during the earlier telephone interview.

TIME FRAME:
The questions in this survey refer to the 1987-1988 regular school year unless otherwise specified.

WHO SHOULD COMPLETE THE QUESTIONNAIRE:
The director and/or knowledgeable facility staff.

CONFIDENTIALITY OF FACILITY RESPONSES:
To protect confidentiality, the survey results will be reported in aggregate form only and individual facilities will not be identified.

QUESTIONNAIRE LABEL:
There is an identification label on each questionnaire. Please do not remove this label; it will be used to record that the questionnaire has been received so that we do not send another.

MAILING PROCEDURES:
Please complete the main questionnaire and the population modules and return them all in the enclosed preaddressed, post-paid envelope.

IF YOU HAVE QUESTIONS ABOUT THE STUDY OR THE QUESTIONNAIRES:
Please call Dr. Susan Stephens collect at 609-799-3535.

A.3a When answering the questions, please refer to the 1987-88 school year.

First, I would like to ask you about the students served by your facility. How many day students age 21 or younger were enrolled at your facility during the 1987-88 school year?

INTERVIEWER: IF THE RESPONDENT IS NOT ABLE TO GIVE INFORMATION FOR THE 1987-88 SCHOOL YEAR, ASK FOR THE CURRENT SCHOOL YEAR AND MAKE A MARGINAL NOTATION.

INTERVIEWER: ENTER A CHECK AT A.3 IF FACILITY HAS NO DAY STUDENTS AND SKIP TO A.4. IF THE FACILITY HAS DAY STUDENTS CODE THE TOTAL NUMBER AT BOTTOM OF COLUMN AT QUESTION A.3a.

A.3 ☐ Please check here if the facility has no day students and skip to question A.4.

A.3a Please indicate the total number of day students age 21 or younger who are in each of the following residential settings:

TOTAL DAY STUDENTS
AGE 21 OR YOUNGER . . . . |__________|

A.4 How many residents age 21 or younger lived at your facility last year? **INTERVIEWER: ENTER TOTAL AT BOTTOM OF COLUMN AT QUESTION A.4, THEN ASK:** How many of the (# OF RESIDENTS) residents have custodial parents or guardians who live:

RECORD ANSWERS
ON
OPPOSITE PAGE
UNDER TOTAL

...within in the state?

...outside the state?

A.4 Please indicate the number of residents ages 0 to 21 in each category according to the geographic area in which the custodial parents or guardians live:

In State ____

Out State ____

B. SERVICES AND ACTIVITIES

Next I would like to ask you about the services and activities provided to both day and residential students at your facility.

B.1 Age 0-21	First, how many day and residential students age 21 or younger were enrolled at your facility during the 1987-88 school year? **INTERVIEWER: ENTER TOTAL IN BOX LABELED "AGE 0-21".**
B.1 Age 0-5	How many were age 5 or younger? **ENTER NUMBER IN BOX LABELED "AGE 0-5".**
B.1 Age 6-17	How many were between the ages of 6 and 17? **ENTER NUMBER IN BOX LABELED "AGE 6-17".**
B.1 Age 18-21	How many were between the ages of 18 and 21? **ENTER NUMBER IN BOX LABELED "AGE 19-21".**
B.2a	**INTERVIEWER: IF NO STUDENTS AGE 0-5, CHECK BOX AND GO TO B.3a.**
B.2b	How many of the (NUMBER FROM Q.B.1) students age 5 or younger attended off-campus educational or developmental programs during the regular school day? By "off-campus" we mean programs provided away from the facility by staff other than those employed by the facility. IF **"NONE"** CODE **"00"** AND GO TO B.2d.

B. SERVICES AND ACTIVITIES

B.1 Please indicate the total number of day and residential students in each age group at your facility.

DAY AND RESIDENTIAL STUDENTS

Age 0-5		Age 6-17		Age 18-21		Age 0-21
	+		+		=	

B.2a ☐ Please check here if your facility has no residents or day students 0 to 5 years old and then skip to question B.3a.

Off-Campus Programs for 0-5 Years Olds.

B.2b Please indicate the total number of residents and day students 0 to 5 years old who attend off-campus educational or developmental programs. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no residents or day students age 0 to 5 years old attend off-campus programs please enter zero (0) and skip to question B.2d.

|________________|
# 0 TO 5 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.2d Next, I would like to ask you about the primary teaching arrangement for the (NUMBER FROM Q.B.1) students age 5 or younger. By primary teaching arrangement, we mean the one in which the students spend the greatest amount of their education or training time.

(1) How many of the students age 5 or younger were in classes of 12 or more students on the grounds of this facility?

(2) How many of the students age 5 or younger were in classes of 6 to 11 students on the grounds of this facility?

(3) How many were in classes of 2 to 5 students?

(4) How many had individual, one-on-one instruction in the educational unit of this facility?

(5) How many had an individual "homebound" teaching arrangement in the residential or health care unit of this facility?
IF ZERO GO TO B.2d(7).

(6) What was the average number of hours per day of "homebound" instruction for these children?

(7) How many students age 5 or younger were primarily taught by facility staff at other off-campus sites?

(8) How many students age 5 or younger were primarily taught by other staff at off-campus sites? .

(9) How many residents age 5 or younger had no educational or developmental training program, either on or off-campus?

(10) Were any students age 5 or younger in any other primary teaching arrangement?

CHECK TOTAL AGAINST B.1 AGE 0.5.

IF NUMBERS OF STUDENTS BY TEACHING ARRANGEMENT CANNOT BE ESTIMATED, ASK FOR ARRANGEMENT WHICH MAJORITY OF STUDENTS AGE 5 OR YOUNGER ATTEND. CODE AS "-6".

Facility Programs for 0-5 Year Olds

B.2d Of the residents and day students 0 to 5 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive education/training. The primary teaching arrangement is the one in which students spend the greatest amount of their education/training time.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (0 TO 5 YEARS OLD)
Group teaching in educational/developmental classes of 12 or more students on the grounds of the facility	(1)	|______|
		+
Group teaching in educational/developmental classes of 6-11 students on the grounds of the facility.	(2)	|______|
		+
Group teaching in educational/developmental classes of 2-5 students on the grounds of the facility.	(3)	|______|
		+
Individual (one-on-one) teaching in the educational unit of the facility.	(4)	|______|
		+
Individual "homebound" teaching in the residential or health care unit of the facility.	(5)	|______|
o Please indicate the average number of hours per day of "homebound" instruction for these students. (6) |____| HOURS PER DAY		+
Instruction by facility staff at off-campus sites	(7)	|______|
		+
Instruction by other staff at off-campus sites	(8)	|______|
		+
Residents with no educational/developmental training program, either on or off-campus . .	(9)	|______|
		+
Other teaching situations (Please describe) ______________________ ______________________	(10)	|______|
		=
TOTAL RESIDENTS AND DAY STUDENTS 0-5 YEARS OLD..		|______|

B.3a **INTERVIEWER: IF NO STUDENTS AGE 6-17, CHECK BOX AND GO TO B.4a.**

B.3b How many of the (NUMBER FROM Q.B.1) students age 6 to 17 attended off-campus educational or developmental programs during the regular school day? By "off-campus" we mean programs provided away from the facility by staff other than those employed by the facility.

IF "NONE" CODE "00" AND GO TO B.3d.

220

B.3a ☐ Please check here if your facility has no residents or day students 6 to 17 years old and then skip to question B.4a.

Off-Campus Programs for 6-17 Years Olds.

B.3b Please indicate the total number of residents and day students 6 to 17 years old who attend off-campus educational, vocational or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no residents or day students age 6 to 17 years old attend off-campus programs please enter 0 (zero) and skip to question B.3d.

|_______________|
6 TO 17 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.3d Next, I would like to ask you about the primary teaching arrangement for the (NUMBER FROM Q.B.1) students age 6 to 17. By primary teaching arrangement, we mean the one in which the students spend the greatest amount of their education or training time.

(1) How many of the students age 6 to 17 were in classes of 12 or more students on the grounds of this facility?

(2) How many of the students age 6 to 17 were in classes of 6 to 11 students on the grounds of this facility?

(3) How many were in classes of 2 to 5 students?

(4) How many had individual, one-on-one instruction in the educational unit of this facility?

(5) How many had an individual "homebound" teaching arrangement in the residential or health care unit of this facility?
IF ZERO GO TO B.2d(7).

(6) What was the average number of hours per day of "homebound" instruction for these children?

(7) How many students age 6 to 17 were primarily taught by facility staff at other off-campus sites?

(8) How many students age 6 to 17 were primarily taught by other staff at off-campus sites?

(9) How many residents age 6 to 17 had no educational or developmental training program, either on or off-campus?

(10) Were any students age 6 to 17 in any other primary teaching arrangement?

CHECK TOTAL AGAINST B.1 AGE 6 TO 17.

IF NUMBERS OF STUDENTS BY TEACHING ARRANGEMENT CANNOT BE ESTIMATED, ASK FOR ARRANGEMENT WHICH MAJORITY OF STUDENTS AGE 6 TO 17 ATTEND. CODE AS "-6".

Facility Programs for 6-17 Year Olds

B.3d Of the residents and day students 6 to 17 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which students spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (6 TO 17 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility	(1)	|____________|
		+
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.	(2)	|____________|
		+
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.	(3)	|____________|
		+
Individual (one-on-one) teaching in the educational unit of the facility.	(4)	|____________|
		+
Individual "homebound" teaching in the residential or health care unit of the facility.	(5)	|____________|
o Please indicate the average number of hours per day of "homebound" instruction for these students. (6) |________| HOURS PER DAY		+
Instruction by facility staff at off-campus sites	(7)	|____________|
		+
Instruction by other staff at off-campus sites	(8)	|____________|
		+
Residents with no educational/vocational/developmental program either on or off-campus . .	(9)	|____________|
		+
Other primary educational/vocational/developmental programs (Please describe).	(10)	|____________|
____		
____		=
TOTAL RESIDENTS AND DAY STUDENTS 6-17 YEARS OLD. .		|____________|

B.4a **INTERVIEWER: IF NO STUDENTS AGE 18-21, CHECK BOX AND GO TO B.7.**

B.4b How many of the (NUMBER FROM Q.B.1) students age 18 to 21 attended off-campus educational or developmental programs during the regular school day? By "off-campus" we mean programs provided away from the facility by staff other than those employed by the facility.

IF "NONE" CODE "00" AND GO TO B.4d.

B.4a ☐ Please check here if your facility has no residents or day students 18 to 21 years old and then skip to question B.5.

Off-Campus Programs for 18-21 Years Olds.

B.4b Please indicate the total number of residents and day students 18 to 21 years old who attend off-campus educational, vocational, or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no residents or day students age 18 to 21 years old attend off-campus programs, please enter 0 (zero) and skip to question B.4d.

|______________|
# 18 TO 21 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.4d Next, I would like to ask you about the primary teaching arrangement for the (NUMBER FROM Q.B.1) students age 18 to 21. By primary teaching arrangement, we mean the one in which the students spend the greatest amount of their education or training time.

(1) How many of the students age 18 to 21 were in classes of 12 or more students on the grounds of this facility?

(2) How many of the students age 18 to 21 were in classes of 6 to 11 students on the grounds of this facility?

(3) How many were in classes of 2 to 5 students?

(4) How many had individual, one-on-one instruction in the educational unit of this facility?

(5) How many had an individual "homebound" teaching arrangement in the residential or health care unit of this facility?
IF ZERO GO TO B.2d(7).

(6) What was the average number of hours per day of "homebound" instruction for these children?

(7) How many students age 18 to 21 were primarily taught by facility staff at other off-campus sites?

(8) How many students age 18 to 21 were primarily taught by other staff at off-campus sites?

(9) How many residents age 18 to 21 had no educational or developmental training program, either on or off-campus?

(10) Were any students age 18 to 21 in any other primary teaching arrangement?

CHECK TOTAL AGAINST B.1 AGE 18-21.

IF NUMBERS OF STUDENTS BY TEACHING ARRANGEMENT CANNOT BE ESTIMATED, ASK FOR ARRANGEMENT WHICH MAJORITY OF STUDENTS AGE 18 TO 21 ATTEND. CODE AS "-6".

Facility Programs for 18-21 Year Olds

B.4d Of the residents and day students 18 to 21 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which they spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (18 TO 21 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility	(1)	|__________|
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.	(2)	+ |__________|
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.	(3)	+ |__________|
Individual (one-on-one) teaching in the educational unit of the facility.	(4)	+ |__________|
Individual "homebound" teaching in the residential or health care unit of the facility.	(5)	+ |__________|
o Please indicate the average number of hours per day of "homebound" instruction for these students. (6) |______| HOURS PER DAY		+
Instruction by facility staff at off-campus sites	(7)	|__________|
Instruction by other staff at off-campus sites	(8)	+ |__________|
Residents with no educational/vocational/ developmental training program, either on or off-campus	(9)	+ |__________|
Other primary educational/vocational/developmental training programs (Please describe)	(10)	+ |__________|
____		
____		=
TOTAL RESIDENTS AND DAY STUDENTS 18-21 YEARS OLD. .		|__________|

B.8a Which of the following services are generally provided by this facility to exiting residents or day students:

READ EACH SERVICE AND CIRCLE EACH "YES" RESPONSE ON OPPOSITE PAGE

B.8a Please indicate, by circling all that apply, the services that are generally provided by this facility to exiting residents or day students:

	CIRCLE ALL THAT ARE PROVIDED
Arranging for transfer of records to another facility or organization.	01
Visiting new placement with exiting resident or student	02
Training in skills and behaviors specifically required by new placement.	03
Involving parents in planning and preparation for transfer to new placement	04
Following up to determine success of the student in the new placement	05
Joint planning with the LEA for an appropriate placement and transition.	06
Providing back-up or additional services after move to new placement in case of problems	07
Guidance and vocational counseling.	08
Job placement services.	09
Referrals to state vocational rehabilitation counselors	10

C. ENTRANCES AND DEPARTURES OF RESIDENTS AND DAY STUDENTS

Now, I would like to ask you about the entrances and departures of the residents and day students at your facility.

C.1a Are there currently fewer or more referrals or applications than student openings?

READ EACH STATEMENT AND RECORD ONE ANSWER ON OPPOSITE PAGE

C. ENTRANCES AND DEPARTURES OF RESIDENTS AND DAY STUDENTS

C.1a Please indicate, by circling the most appropriate code, the current relationship between referrals or applications and student openings or capacity.

CIRCLE ONE

There are currently fewer referrals or applications than student openings. 01

There are currently about the same number of referrals or applications as student openings 02

There are currently more referrals or applications than student openings 03

C.2 What is the average length of residence for residents age 21 or younger who have left your facility in the past 3 years? Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in residence.

RECORD ON OPPOSITE PAGE.

C.3 How many residents 21 years of age or younger entered this facility as residents for the first time between January 1, 1987 and December 31, 1987?

INTERVIEWER: RECORD ON OPPOSITE PAGES AS TOTAL AT C.3a.

C.2 Please indicate the average length of residence for residents age 21 or younger who have left your facility in the last 3 years. Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in residence.

AVERAGE LENGTH OF RESIDENCE |________| YEARS

C.3 NEW RESIDENT ADMISSIONS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.3a Please indicate the number of residents 21 years of age or younger who entered the facility as residents for the first time between January 1, 1987 and December 31, 1987 according to age category.

TOTAL RESIDENTS ADMITTED AGE 21 OR YOUNGER

|_____|

C.4 How many residents 21 years of age or younger re-entered your facility between January 1, 1987 and December 31, 1987 who had previously resided there? Please exclude residents who returned from normal program breaks such as summer vacation or other temporary absences or who had been placed outside the facility for temporary treatment.

RECORD ON OPPOSITE PAGE.

C.5 How many residents 21 years of age or younger were formally released or discharged from this facility between January 1, 1987 and December 31, 1987?

INTERVIEWER: RECORD ON THE OPPOSITE PAGE AS TOTAL AT C.5a.

C.4 Please indicate the number of residents with handicaps 21 years of age or younger who re-entered your facility between January 1, 1987 and December 31, 1987 who had previously resided there. Please exclude residents who returned from normal program breaks such as summer vacation or other temporary absences or who had been placed outside the facility for temporary treatment.

|________| READMISSIONS
RESIDENTS ONLY

C.5 FORMAL RELEASES OF RESIDENTS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.5a Please indicate the number of residents 21 years of age or younger who were formally released or discharged from this facility between January 1, 1987 and December 31, 1987 according to age category.

TOTAL
FORMAL
RELEASES
AGE 21 OR
YOUNGER

|_____|

C.6 **INTERVIEWER: CHECK A.3a. IF NO DAY STUDENTS, PUT A CHECK IN THE BOX ON THE OPPOSITE PAGE AND SKIP TO SECTION D.**

C.7 What was the average number of years of enrollment of day students who have left your facility in the last 3 years? Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in enrollment.

RECORD ON OPPOSITE PAGE.

C.8 How many day students 21 years of age or younger entered the facility for the first time between January 1, 1987 and December 31, 1987?

INTERVIEWER: RECORD ON OPPOSITE PAGE AS TOTAL AT C.8a.

C.9 How many previously enrolled day students 21 years of age or younger re-entered your facility between January 1, 1987 and December 31, 1987? Please exclude day students who returned from normal program breaks such as summer vacation or other temporary absences.

RECORD ON OPPOSITE PAGE.

C.6 ☐ Please check here if the facility has no day students and skip to question C.10.

C.7 Please indicate the average number of years of enrollment of day students who have left your facility in the last 3 years. Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in enrollment.

AVERAGE LENGTH OF ENROLLMENT OF DAY STUDENTS |__________| YEARS

C.8 NEW DAY STUDENT ADMISSIONS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.8a Please indicate the number of day students with handicaps age 21 or younger who entered the facility for the first time between January 1, 1987 and December 31, 1987 according to age category.

TOTAL DAY STUDENTS ADMITTED

|______|

C.9 Please indicate the number of previously enrolled day students with handicaps 21 years of age or younger who re-entered your facility between January 1, 1987 and December 31, 1987. Please exclude day students who returned from normal program breaks such as summer vacation or other temporary absences.

|__________| READMISSIONS DAY STUDENTS ONLY

C.10 In total, how many residents and day students 21 years of age or younger were formally released or discharged from this facility between January 1, 1987 and December 31, 1987?

INTERVIEWER: RECORD ANSWER IN BOTTOM RIGHT HAND CORNER OF OPPOSITE PAGE.

C.10 Please indicate the number of residents and day students who were formally released or transferred out of this facility, between January 1, 1987 and December 31, 1987 according to their next educational or vocational placement or experience. Please include those students who completed their educational programs or were formally transferred to another educational setting. Please exclude those who were temporarily not present, but who were not formally transferred or released and for whom the school retained a place.

D. STAFF AND BUDGET

Next, I would like to ask you about your facility's instructional, classroom, support and related services staff. Please exclude staff of sponsoring or managing agencies who are not actually involved in the provision of services at the facility.

D.1d Could you please tell me the total number of regular, visiting, itinerant, and substitute instructional and classroom staff who served at this facility during the 1987-88 school year in each of the following job categories:

INTERVIEWER: ASK FOR AND RECORD THE NUMBER OF STAFF BEGINNING WITH "D.1d Instructional and Classroom Staff" ON THE OPPOSITE PAGE. IF NUMBER UNKNOWN, RECORD "-6" FOR EACH TYPE OF JOB CATEGORY FOR WHICH THERE WERE ANY STAFF AT THE FACILITY.

D. STAFF AND BUDGET

D.1 Please indicate the number of regular, visiting, itinerant, and substitute staff and the average number of hours worked per week per staff member for each job category. Please exclude staff of sponsoring or managing agencies who are not actually involved in the operation of the facility. Record a "zero" (0) if there are no regular or visiting staff in a job category.

TOTAL NUMBER
OF REGULAR AND
VISITING STAFF

D.1d Instructional and Classroom Staff

Classroom teachers certified by the state in special education	|_______|
Classroom teachers certified by the state in regular education but not special education.	|_______|
Classroom teachers not certified by the state	|_______|
Classroom assistants, paraprofessionals or aides	|_______|
Personal care assistants	|_______|
Interpreter aides, readers, or tutors.	|_______|
Instructional consultants and in-service trainers.	|_______|
Other instructional staff (Please specify)	|_______|

____

____

D.1e Next, could you please tell me the total number of regular, visting, itinerant, and substitute support and related services staff who served at this facility in each of the following job categories.

INTERVIEWER: ASK FOR AND RECORD, THE NUMBER OF "SUPPORT AND RELATED SERVICES STAFF." IF NUMBER UNKNOWN, RECORD "-6" FOR EACH TYPE OF JOB CATEGORY FOR WHICH THERE WERE ANY STAFF AT THE FACILITY.

D.1e Support and Related Services Staff

	TOTAL NUMBER OF REGULAR AND VISITING STAFF
Psychologists and behavior modification specialists	
Psychiatrists	
Counselors and social workers	
Physical therapists	
Occupational therapists	
Speech and language therapists	
Transition/community living skills trainers	
Vocational specialists	
Remedial academics teachers	
Physical education and recreation teachers/therapists	
Music and art teachers/therapists	
Librarians and media specialists	
Physicians	
Dentists	
Medical and dental nurses and technicians	
Low vision specialists and mobility trainers	
Audiologists and other hearing specialists	
Educational or related services consultants and trainers	
Other support and related services staff (Please specify)	

____

____

The next few questions are about the facility's costs and budget.

D.4 What was the total operating budget for this facility during the last fiscal year?

PROBE: Your best estimate is fine.

RECORD ON OPPOSITE PAGE

D.4 Please indicate the total operating budget for this facility during the last fiscal year.

$______________________
TOTAL OPERATING BUDGET

D.7 Are the educational services provided at this facility paid out of the facility's operating budget?

CIRCLE APPROPRIATE CODE ON OPPOSITE PAGE AND FOLLOW THE SKIP INSTRUCTIONS.

D.7 Please indicate whether the educational services provided at this facility are paid out of this facility's operating budget.

CIRCLE ONE

Education services are part of this facility's operating budget . . . . . . 01 --> PLEASE ANSWER QUESTION D.7b NEXT

Education services are not part this facility's operating budget . . . . . . 02 --> PLEASE ANSWER QUESTION D.7a NEXT

Some education services are part of this facility's operating budget and some are paid by another agency. . . . . 03 --> PLEASE ANSWER QUESTION D.7a NEXT

D.7a What is the name of the agency or organization paying for the educational services provided at this facility?

RECORD VERBATIM ON OPPOSITE PAGE.

D.7b What is the total annual cost per student of providing the educational services, not including costs for residential and other services provided by the facility.

RECORD ON OPPOSITE PAGE. IF DK, SKIP TO D.9.

D.7a Please enter the name of the agency or organization paying for the educational services provided at this facility. Leave blank if not applicable.

____

____

D.7b Please indicate the total annual cost per student of providing the educational services, not including costs for residential and other services provided by the facility.

$ ____________________

AVERAGE ANNUAL COST OF
EDUCATIONAL SERVICES
PER STUDENT

D.9 What is the annual cost per resident of providing residential and other services excluding educational services?

RECORD ON OPPOSITE PAGE. IF DK, SKIP TO E.2.

D.9 Please provide the annual cost per resident of providing residential and other services excluding educational services.

$______________________
AVERAGE ANNUAL COST OF
RESIDENTIAL AND OTHER
SERVICES PER RESIDENT

E.2 I am going to read you a list of problems that may have affected your facility. For each one, please tell me whether it has been a very serious problem for your facility.

READ EACH PROBLEM ON OPPOSITE AND FOLLOWING PAGES.
CIRCLE "01" FOR EACH PROBLEM INDICATED AS "VERY SERIOUS".

E. OTHER FACILITY CHARACTERISTICS AND EXPERIENCES

E.2 Please indicate the extent to which the following problem areas affect your facility:

Problem Area	YES	NO
Recruiting professional staff with the necessary certification in special education or related services	01	00
Recruiting professional staff with the necessary expertise for your particular program	01	00
Turnover of residential care staff, if any	01	00
Turnover of instructional and classroom staff.	01	00
Competing with the pay scales and fringe benefits of alternative employers	01	00
Obtaining/coordinating services of qualified related services providers.	01	00
Communicating effectively with local education agencies. .	01	00

E.2 (Continued)

Problem Area	YES	NO
Maintaining positive relationships with state education or rehabilitation agencies	01	00
Coordinating necessary interactions with local education agencies (e.g. program planning, records transfer)	01	00
The quality and program relevance of licensing/monitoring processes	01	00
Diversion of resources needed for instruction to administrative requirements from outside the facility	01	00
Obtaining adequate funding for programs or services to meet the needs of particular groups of students (i.e., those of certain ages, with certain primary or secondary disabilities, etc.)	01	00
Providing adequate opportunities for students to use appropriate local community resources	01	00
Maintaining appropriate contact between residential students and their families	01	00

E.2 (Continued)

Problem Area	YES	NO
Providing appropriate opportunities for students to interact with non-handicapped peers.	01	00
Securing appropriate residential arrangements for students reaching the maximum age of enrollment or those ready for new placement.	01	00
Securing appropriate educational, developmental or vocational arrangements for students reaching the maximum age or those ready for a new placement.	01	00
Provision of or reimbursement for transportation of children by the local education agency	01	00

F. CHANGES SINCE 1976

Next I would like to ask you about changes at your facility since 1976.

F.1 Was your facility in operation during 1976?

RECORD ON OPPOSITE PAGE AND FOLLOW SKIPS.

F.5 Which of the following statements best describes the changes in the severity of handicap of residents and day students at the facility since 1976?

READ STATEMENT AND CIRCLE ONE ANSWER ON OPPOSITE PAGE.

F. CHANGES SINCE 1976

F.1 Please indicate, by circling one response code, whether or not the facility was in operation during 1976:

This facility was in
operation during 1976. . . . . 01 --> (PLEASE COMPLETE SECTION F)

This facility was not in
operation during 1976. . . . . 02 --> (PLEASE SKIP TO POPULATION MODULES

F.5 Please indicate, by circling the most appropriate response category, the change in the severity of handicap of residents and day students at this facility since 1976.

	CIRCLE ONE
Residents and day students are more severely handicapped today	01
Residents and day students are at about the same severity level today.	02
Residents and day students are less severely handicapped today	03

F.7 Please tell me whether you agree or disagree with each of the following statements.

READ FROM OPPOSITE PAGE.

F.7 Please indicate, by circling the appropriate code, whether you believe the following changes have taken place at the facility since 1976.

CIRCLE ONE RESPONSE PER LINE

Since 1976 . . .	Agree	Disagree
. . .facility staff has had increased contact with parents..	01	02
. . .instructional staff hired by the facility has more appropriate training	01	02
. . .more appropriate alternative placements are available to students leaving this facility	01	02
. . .the facility provides more individualized program planning.	01	02
. . .there is increased cooperation with other facilities, programs, and agencies.	01	02
. . .students at the facility have more opportunities to interact with non-handicapped peers..	01	02
. . .the facility monitors individual development more closely.	01	02

POPULATION MODULES
SHORT VERSION

Now I would like to ask you about the primary handicapping conditions of the students age 21 or younger who were served by your facility during the 1987-88 school year. By "primary handicapping condition", we mean the single type of disability or handicap that most directly or most seriously affects the functioning and developmental potential of the student.

According to the information we have in our records from the earlier telephone interview, your facility provided services to students with the following primary handicapping conditions, where each student is counted in only one category:

READ LIST OF CONDITIONS FROM FIELD LOG.

1. Is this information correct--are there any primary handicapping conditions that don't apply to students at your facility or that we should add?

CHECK EACH VERIFIED CONDITION ON OPPOSITE PAGE AND FOLLOW SKIPS.

Now I am going to ask you a few questions about the students at your facility with each handicapping condition. Your best estimates will be fine, but please count each student in only one category.

POPULATION MODULES
SHORT VERSION

1. Confirm primary disabilities among students served:

USE GRID → IN Q.2

☐ MR - mental retardation

☐ LD/Speech - learning disabilities or speech or language impairments

☐ ED/BD - emotional disturbance or behavior disorders

☐ HI - hearing impairment

☐ VI - vision impairment

☐ PI - orthopedic (physical) impairment

☐ OHI - (other) health impairment

GO TO Q.3 →

☐ MH - multiple handicaps

GO TO Q.4 →

☐ Non - noncategorical/other handicaps

2. **CHECK EACH VERIFIED CONDITION AT TOP OF COLUMN AND ASK FOLLOWING QUESTIONS ABOUT EACH:**

   a. During the 1987-88 school year, how many students age 21 or younger at your facility had a primary handicapping condition of **(READ NAME OF CONDITION)**?

   RECORD ON OPPOSITE PAGE.

   b. Of these students, how many would you estimate are in each of the following categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

   c. How many of the students with **(NAME OF CONDITION)** have a secondary disability that also seriously affects their functioning and developmental potential?

   RECORD ON OPPOSITE PAGE.

   d. Of the students with **(NAME OF CONDITION)** how many would you estimate are in each of the following age categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

IF NUMBER OF STUDENTS CANNOT BE ESTIMATED, ASK FOR CATEGORY
OF MAJORITY OF STUDENTS AND CODE AS "-6".

2. Complete grid for each disability checked in Q.1.

	Mental Retardation ☐	Learning Disability/ Speech or Language Impairment ☐	Emotionally Disturbance/ Behavior Disorderd ☐
a. Total # Students 0-21	Total 0-21 ____	Total 0-21 ____	Total 0-21 ____
b. # Students by Subcategory	# by Subcategory Mild ____ Moderate ____ Severe ____ Profound ____	# by Subcategory Mild/Moderate Learning Disability ____ Severe Learning Disability ____ Speech Impairment ____ Language Impairment ____ Other ____	# by Subcategory Attention Deficit Disorders ____ Serious Conduct or Behavior Disorders ____ Anxiety or Withdrawal Disorders ____ Pervasive Developmental Disorders ____ Substance Abuse or Dependence Disorders ____ Psycnotic or Schizophrenic Thought Disorders ____ Other Types of Emotional Disturbance or Behavior Disorders ____
c. # Students with Any Secondary Disability	# with Secondary Disability ____	# with Secondary Disability ____	# with Secondary Disability ____
d. # Students 0-5 6-17 18-21	# Students by Age 0-5: ____ 6-17: ____ 18-21: ____	# Students by Age 0-5: ____ 6-17: ____ 18-21: ____	# Students by Age 0-5: ____ 6-17: ____ 18-21: ____

2. **CHECK EACH VERIFIED CONDITION AT TOP OF COLUMN AND ASK FOLLOWING QUESTIONS ABOUT EACH:**

   a. During the 1987-88 school year, how many students age 21 or younger at your facility had a primary handicapping condition of **(READ NAME OF CONDITION)**?

   RECORD ON OPPOSITE PAGE.

   b. Of these students, how many would you estimate are in each of the following categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

   c. How many of the students with **(NAME OF CONDITION)** have a secondary disability that also seriously affects their functioning and developmental potential?

   RECORD ON OPPOSITE PAGE.

   d. Of the students with **(NAME OF CONDITION)** how many would you estimate are in each of the following age categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

IF NUMBER OF STUDENTS CANNOT BE ESTIMATED, ASK FOR CATEGORY OF MAJORITY OF STUDENTS AND CODE AS "-6".

2. Complete grid for each disability checked in Q.1.

Hearing Impairment	Vision Impairment	Orthopedic or Physical Impairment	Other Health Impairments
☐	☐	☐	☐
Total 0-21	Total 0-21	Total 0-21	Total 0-21
a. ______	a. ______	a. ______	a. ______
# by Subcategory	# by Subcategory	# by Subcategory	# by Subcategory
b. Prelingual Hearing Impairment with... Mild Hearing Loss ______ Moderate Hearing Loss ______ Severe or Profound Hearing Loss ______ Postlingual Hearing Impairment with... Mild Hearing Loss ______ Moderate Hearing Loss ______ Severe or Profound Hearing Loss ______ Deaf-Blind ______	Functionally Blind ______ Legally (but not functionally) Blind ______ Partially Sighted ______ Deaf-Blind ______	Cerebral Palsy ______ Quadreplegia, Paraplegia, or Hemiplegia ______ Missing or Deformed Limbs ______ Other Neurological or Musculoskeletal Conditions ______	Respiratory Conditions ______ Circulatory Conditions ______ Autism or Childhood Schizophrenia ______ Any Other Health Impairments ______
# with Secondary Disability	# with Secondary Disability	# with Secondary Disability	# with Secondary Disability
c. ______	c. ______	c. ______	c. ______
# Students by Age	# Students by Age	# Students by Age	# Students by Age
d. 0-5: ______ 6-17: ______ 18-21: ______	d. 0-5: ______ 6-17: ______ 18-21: ______	d. 0-5: ______ 6-17: ______ 18-21: ______	d. 0-5: ______ 6-17: ______ 18-21: ______

3. **IF FACILITY SERVES MULTI-HANDICAPPED STUDENTS, ASK THE FOLLOWING:**

    a. How many students age 21 or younger at your facility were multi-handicapped? By multi-handicapped, we mean children that have two or more handicapping conditions that are of such severity that a single primary handicapping condition cannot be diagnosed. These students should *not* have been counted in the categories we just talked about.

    RECORD ON OPPOSITE PAGE.

    b. What are the principal handicapping conditions of the multi-handicapped students?

    RECORD ON OPPOSITE PAGE.

    c. How many of these students would you estimate have 3 or more severely handicapping conditions?

    RECORD ON OPPOSITE PAGE.

    d. How many of the multi-handicapped students would you estimate are in each of the following age categories...**(READ CATEGORIES)**?

    RECORD ON OPPOSITE PAGE.

3. MULTI-HANDICAPPED STUDENTS

a. # Students __________

b. Principal Handicapping Conditions:

____

____

____

c. # Students with 3 or More Severely Handicapping Conditions:

____

d. # Students: 0-5 ________

6-17 ________

18-21 ________

4. **IF FACILITY SERVES STUDENTS WHO ARE NOT CLASSIFIED BY HANDICAPPING CONDITION OR WHO HAVE OTHER HANDICAPPING CONDITIONS, ASK THE FOLLOWING:**

   a. What were the primary presenting problems of students at the facility who are not considered in the handicap groups I have already mentioned?

RECORD EACH TYPE OF PRESENTING PROBLEM
IN SEPARATE SECTION ON OPPOSITE PAGE.

FOR EACH PRESENTING PROBLEM, ASK:

b. How many students at the facility had **(PRESENTING PROBLEM)**?

RECORD ON OPPOSITE PAGE.

c. Of the students with **(PRESENTING PROBLEM)**, how many had another disability that seriously affects their functioning and developmental potential?

RECORD ON OPPOSITE PAGE.

d. Of the students with **(PRESENTING PROBLEM)**, how many would you estimate are in the following age categories--**(READ CATEGORIES)**?

RECORD ON OPPOSITE PAGE.

IF NUMBER OF STUDENTS CANNOT BE ESTIMATED, ASK FOR CATEGORY
OF MAJORITY OF STUDENTS AND CODE AS "-6".

IF INFORMATION NOT AVAILABLE FOR EACH PRESENTING PROBLEM,
OBTAIN FOR TOTAL AND RECORD UNDER GROUP 1.

4. NON-CATEGORICAL OR OTHER HANDICAPS

Group 1

a. Primary Presenting Problem(s): ______________________________

b. # Students: ________________

c. # Students with Any Secondary Disability: ____________________

d. # Students: 0-5 _______

6-17 _______

18-21 _______

Group 2

a. Primary Presenting Problem(s): ______________________________

b. # Students: ________________

c. # Students with Any Secondary Disability: ____________________

d. # Students: 0-5 _______

6-17 _______

18-21 _______

Group 3

a. Primary Presenting Problem(s): ______________________________

b. # Students: ________________

c. # Students with Any Secondary Disability: ____________________

d. # Students: 0-5 _______

6-17 _______

18-21 _______

G. FINAL QUESTIONS AND INSTRUCTIONS

G.1 Thank you very much for this information on your facility. As you know, the information requested on the forms we sent you was more extensive. Even if the forms are only partially completed, they would be helpful to us. Also, we would appreciate being sent any brochures, annual reports, or any other written materials describing your facility's mission and programs. Please send to:

Dr. Susan Stephens
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543

G.3 Finally, for our records, what is your job title?

RECORD ON OPPOSITE PAGE.

And how many years have you been with (FACILITY NAME)?

RECORD ON OPPOSITE PAGE.

Thank you again. We will be sending each participant a summary of the final report next year.

G. FINAL QUESTIONS AND INSTRUCTIONS

G.3 Please record the title and the number of years of service at the facility of the person who completed sections E (Other Facility Characteristics and Experiences) and F (Changes Since 1976).

____
TITLE

____
YEARS OF SERVICE
AT FACILITY

Thank you for completing this questionnaire. In the packet you received there are one or more separate short population modules for specific handicap groups. Please complete these modules and return all of the survey documents in the enclosed preaddressed, post-paid envelope.

Mathematica Policy Research
P.O. Box 2393
Princeton, New Jersey 08543-2393

TELEPHONE INTERVIEW FOR DAY PROGRAMS

OMB Clearance #: 1820-0559
MPRI #: 938

SURVEY OF FACILITIES SERVING CHILDREN AND YOUTH WITH HANDICAPS

MAIN QUESTIONNAIRE FOR DAY PROGRAMS

INSTRUCTIONS

TOPICS COVERED IN QUESTIONNAIRE:
This questionnaire contains questions on administrative characteristics of the facility, services and activities for students, numbers and background of staff, movement of students into and out of the facility, and changes in the facility's programs since 1976. We appreciate your care in providing as accurate information as possible. If, however, some of the requested information is not available, please note this on the questionnaire and answer the remaining questions.

PACKET MATERIALS:
Based on information provided to Mathematica Policy Research (MPR) during an earlier telephone interview, we have sent you this questionnaire for facilities operating non-residential day educational programs. If your program offers no education programs during the normal school day for persons with handicaps 21 years or younger, please call Dr. Susan Stephens collect at 609-799-3535 to correct our information and receive the appropriate questionnaire.

POPULATION MODULES:
In the packet you will also find one or more separate short population modules designed to collect information on the types of handicaps of the children and youth in your facility. Again, these population modules for this facility were determined as appropriate for the facility during the earlier telephone interview.

TIME FRAME:
The questions in this survey refer to the 1987-1988 regular school year unless otherwise specified.

WHO SHOULD COMPLETE THE QUESTIONNAIRE:
The director and/or knowledgeable facility staff.

CONFIDENTIALITY OF FACILITY RESPONSES:
To protect confidentiality, the survey results will be reported in aggregate form only and individual facilities will not be identified.

QUESTIONNAIRE LABEL:
There is an identification label on each questionnaire. Please do not remove this label; it will be used to record that the questionnaire has been received so that we do not send another.

MAILING PROCEDURES:
Please complete the main questionnaire and the population modules and return them all in the enclosed preaddressed, post-paid envelope.

IF YOU HAVE QUESTIONS ABOUT THE STUDY OR THE QUESTIONNAIRES:
Please call Dr. Susan Stephens collect at 609-799-3535.

B. SERVICES AND ACTIVITIES

When answering the questions, please refer to the 1987-1988 school year.

First, I would like to ask you about the services and activities provided to students at your facility.

INTERVIEWER: IF THE RESPONDENT IS NOT ABLE TO GIVE INFORMATION FOR THE 1987-88 SCHOOL YEAR, ASK FOR THE CURRENT SCHOOL YEAR AND MAKE A MARGINAL NOTATION.

B.1 Age 0-21 How many students age 21 or younger were enrolled at your facility during the 1987-88 school year?

INTERVIEWERS: ENTER TOTAL IN BOX LABELED "AGE 0-21."

B.1 Age 0-5 How many were age 5 or younger? **ENTER NUMBER IN BOX LABELED "AGE 0-5".**

B.1 Age 6-17 How many were between the ages of 6 and 17? **ENTER NUMBER IN BOX LABELED "AGE 6-17".**

B.1 Age 18-21 How many were between the ages of 18 and 21? **ENTER NUMBER IN BOX LABELED "AGE 19-21".**

B.2a INTERVIEWER: IF NO STUDENTS AGE 0-5, CHECK BOX AND GO TO B.3a.

B.2b How many of the (NUMBER FROM Q.B.1) students age 5 or younger attended off-campus educational or developmental programs during the regular school day? By "off-campus" we mean programs provided away from the facility by staff other than those employed by the facility.

IF "NONE" CODE "00" AND GO TO B.2d.

B. SERVICES AND ACTIVITIES

B.1 Please indicate the total number of students in each age group at your facility.

TOTAL NUMBER OF STUDENTS

Age 0-5		Age 6-17		Age 18-21		Age 0-21
	+		+		=	

B.2a ☐ Please check here if your facility has no students 0 to 5 years old and then skip to question B.3a.

Off-Campus Programs for 0-5 Years Olds.

B.2b Please indicate the total number of students 0 to 5 years old who attend off-campus educational or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no students age 0 to 5 years old attend off-campus programs please enter zero (0) and skip to question B.2d.

|____________|
0 TO 5 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.2d Next, I would like to ask you about the primary teaching arrangement for the (NUMBER FROM Q.B.1) students age 5 or younger. By primary teaching arrangement, we mean the one in which the students spend the greatest amount of their education or training time.

(1) How many of the students age 5 or younger were in classes of 12 or more students on the grounds of this facility?

(2) How many of the students age 5 or younger were in classes of 6 to 11 students on the grounds of this facility?

(3) How many were in classes of 2 to 5 students?

(4) How many had individual, one-on-one instruction in the educational unit of this facility?

(5) How many had individual "homebound" teaching? **IF ZERO GO TO B.2d(7).**

(6) What was the average number of hours per day of "homebound" instruction for these children?

(7) How many students age 5 or younger were primarily taught by facility staff at other off-campus sites?

(8) Were any students age 5 or younger in any other primary teaching arrangement?

CHECK TOTAL AGAINST B.1 AGE 0.5.

IF NUMBERS OF STUDENTS BY TEACHING ARRANGEMENT CANNOT BE ESTIMATED, ASK FOR ARRANGEMENT WHICH MAJORITY OF STUDENTS AGE 5 OR YOUNGER ATTEND. CODE AS "-6".

Facility Programs for 0-5 Year Olds

B.2d Of the students 0 to 5 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive education/training. The primary teaching arrangement is the one in which students spend the greatest amount of their education/training time.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (0 TO 5 YEARS OLD)
Group teaching in educational/developmental classes of 12 or more students on the grounds of the facility	(1)	|______________|
		+
Group teaching in educational/developmental classes of 6-11 students on the grounds of the facility.	(2)	|______________|
		+
Group teaching in educational/developmental classes of 2-5 students on the grounds of the facility.	(3)	|______________|
		+
Individual (one-on-one) teaching in the educational unit of the facility.	(4)	|______________|
		+
Individual "homebound" teaching in the residential or health care unit of the facility.	(5)	|______________|
o Please indicate the average number of hours per day of "homebound" instruction for these students.	(6)	|________| HOURS PER DAY
		+
Instruction by facility staff at off-campus sites	(7)	|______________|
		+
Other teaching situations (Please describe) .	(8)	|______________|
______________________________________		
______________________________________		=
TOTAL STUDENTS 0-5 YEARS OLD.		|______________|

B.3a **INTERVIEWER: IF NO STUDENTS AGE 6-17, CHECK BOX AND GO TO B.4a.**

B.3b How many of the (NUMBER FROM Q.B.1) students age 6 to 17 attended off-campus educational or developmental programs during the regular school day? By "off-campus" we mean programs provided away from the facility by staff other than those employed by the facility.

IF "NONE" CODE "00" AND GO TO B.3d.

B.3a ☐ Please check here if your facility has no students 6 to 17 years old and then skip to question B.4a.

Off-Campus Programs for 6-17 Years Olds.

B.3b Please indicate the total number of students 6 to 17 years old who attend off-campus educational, vocational or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no students age 6 to 17 years old attend off-campus programs please enter 0 (zero) and skip to question B.3d.

|______________|
# 6 TO 17 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.3d Next, I would like to ask you about the primary teaching arrangement for the (NUMBER FROM Q.B.1) students age 6 to 17. By primary teaching arrangement, we mean the one in which the students spend the greatest amount of their education or training time.

(1) How many of the students age 6 to 17 were in classes of 12 or more students on the grounds of this facility?

(2) How many of the students age 6 to 17 were in classes of 6 to 11 students on the grounds of this facility?

(3) How many were in classes of 2 to 5 students?

(4) How many had individual, one-on-one instruction in the educational unit of this facility?

(5) How many had individual "homebound" teaching? **IF ZERO GO TO B.2d(7).**

(6) What was the average number of hours per day of "homebound" instruction for these children?

(7) How many students age 6 to 17 were primarily taught by facility staff at other off-campus sites?

(8) Were any students age 6 to 17 in any other primary teaching arrangement?

CHECK TOTAL AGAINST B.1 AGE 6-17.

IF NUMBERS OF STUDENTS BY TEACHING ARRANGEMENT CANNOT BE ESTIMATED, ASK FOR ARRANGEMENT WHICH MAJORITY OF STUDENTS AGE 6 TO 17 ATTEND. CODE AS "-6".

Facility Programs for 6-17 Year Olds

B.3d Of the students 6 to 17 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which students spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (6 TO 17 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility	(1)	|__________|
		+
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.	(2)	|__________|
		+
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.	(3)	|__________|
		+
Individual (one-on-one) teaching in the educational unit of the facility.	(4)	|__________|
		+
Individual "homebound" teaching in the residential or health care unit of the facility.	(5)	|__________|
o Please indicate the average number of hours per day of "homebound" instruction for these students. (6) |________| HOURS PER DAY		+
Instruction by facility staff at off-campus sites	(7)	|__________|
		+
Other primary educational/vocational/developmental programs (Please describe).	(8)	|__________|
______________________________		
______________________________		=
TOTAL STUDENTS 6-17 YEARS OLD		|__________|

B.4a **INTERVIEWER: IF NO STUDENTS AGE 18-21, CHECK BOX AND GO TO B.7.**

B.4b How many of the (NUMBER FROM Q.B.1) students age 18 to 21 attended off-campus educational or developmental programs during the regular school day? By "off-campus" we mean programs provided away from the facility by staff other than those employed by the facility.

IF "NONE" CODE "00" AND GO TO B.4d.

B.4a ☐ Please check here if your facility has no students 18 to 21 years old and then skip to question B.5.

Off-Campus Programs for 18-21 Years Olds.

B.4b Please indicate the total number of students 18 to 21 years old who attend off-campus educational, vocational, or developmental programs full- or part-time. "Off-campus" refers to programs provided away from the facility by staff other than those employed by this facility.

If no students age 18 to 21 years old attend off-campus programs, please enter 0 (zero) and skip to question B.4d.

|________________|
18 TO 21 YEAR OLDS
ATTENDING
PROGRAMS OFF CAMPUS

B.4d Next, I would like to ask you about the primary teaching arrangement for the (NUMBER FROM Q.B.1) students age 18 to 21. By primary teaching arrangement, we mean the one in which the students spend the greatest amount of their education or training time.

(1) How many of the students age 18 to 21 were in classes of 12 or more students on the grounds of this facility?

(2) How many of the students age 18 to 21 were in classes of 6 to 11 students on the grounds of this facility?

(3) How many were in classes of 2 to 5 students?

(4) How many had individual, one-on-one instruction in the educational unit of this facility?

(5) How many had an individual "homebound" teaching? **IF ZERO GO TO B.2d(7).**

(6) What was the average number of hours per day of "homebound" instruction for these children?

(7) How many students age 18 to 21 were primarily taught by facility staff at other off-campus sites?

(8) Were any students age 18 to 21 in any other primary teaching arrangement?

CHECK TOTAL AGAINST B.1 AGE 18-21.

IF NUMBERS OF STUDENTS BY TEACHING ARRANGEMENT CANNOT BE ESTIMATED, ASK FOR ARRANGEMENT WHICH MAJORITY OF STUDENTS AGE 18 TO 21 ATTEND. CODE AS "-6".

Facility Programs for 18-21 Year Olds

B.4d Of the students 18 to 21 years old receiving educational services provided at this facility, please indicate the total number according to the primary teaching arrangement in which they receive instruction/training. The primary teaching arrangement is the one in which they spend the greatest amount of their school day.

PRIMARY TEACHING ARRANGEMENT		NUMBER OF STUDENTS (18 TO 21 YEARS OLD)
Group teaching in educational/vocational classes of 12 or more students on the grounds of the facility	(1)	__________
Group teaching in educational/vocational classes of 6-11 students on the grounds of the facility.	(2)	+ __________
Group teaching in educational/vocational classes of 2-5 students on the grounds of the facility.	(3)	+ __________
Individual (one-on-one) teaching in the educational unit of the facility.	(4)	+ __________
Individual "homebound" teaching in the residential or health care unit of the facility.	(5)	+ __________
o Please indicate the average number of hours per day of "homebound" instruction for these students. (6) ______ HOURS PER DAY		
Instruction by facility staff at off-campus sites	(7)	+ __________
Other primary educational/vocational/developmental training programs (Please describe) . . . . ______________________________ ______________________________	(8)	+ __________
TOTAL STUDENTS 18-21 YEARS OLD.		= __________

B.8a Which of the following services are generally provided by this facility to exiting residents or day students:

READ EACH SERVICE AND CIRCLE EACH "YES" RESPONSE ON OPPOSITE PAGE

B.8a Please indicate, by circling all that apply, the services that are generally provided by this facility to exiting students:

	CIRCLE ALL THAT ARE PROVIDED
Arranging for transfer of records to another facility or organization.	01
Visiting new placement with exiting student	02
Training in skills and behaviors specifically required by new placement.	03
Involving parents in planning and preparation for transfer to new placement	04
Following up to determine success of the student in the new placement	05
Joint planning with the LEA for an appropriate placement and transition.	06
Providing back-up or additional services after move to new placement in case of problems	07
Guidance and vocational counseling.	08
Job placement services.	09
Referrals to state vocational rehabilitation counselors	10

C. ENTRANCES AND DEPARTURES OF RESIDENTS AND DAY STUDENTS

Now, I would like to ask you about the entrances and departures of the students at your facility.

C.1a Are there currently fewer or more referrals or applications than student openings?

READ EACH STATEMENT AND RECORD ONE ANSWER ON OPPOSITE PAGE

C. ENTRANCES AND DEPARTURES OF RESIDENTS AND DAY STUDENTS

C.1a Please indicate, by circling the most appropriate code, the current relationship between referrals or applications and student openings or capacity.

CIRCLE ONE

There are currently fewer referrals or applications than student openings. 01

There are currently about the same number of referrals or applications as student openings 02

There are currently more referrals or applications than student openings 03

C.2 What was the average number of years of enrollment of students who have left your facility in the last 3 years? Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in enrollment.

RECORD ON OPPOSITE PAGE.

C.3 How many students 21 years of age or younger entered the facility for the first time between January 1, 1987 and December 31, 1987?

INTERVIEWER: RECORD ON OPPOSITE PAGE AS TOTAL; AT C.4.

C.6 How many previously enrolled students 21 years of age or younger re-entered your facility between January 1, 1987 and December 31, 1987? Please exclude students who returned from normal program breaks such as summer vacation or other temporary absences.

RECORD ON OPPOSITE PAGE.

C.2 Please indicate the average number of years of enrollment of students who have left your facility in the last 3 years. Please do not treat vacations, holidays, and temporary absences of 90 days or less as breaks in enrollment.

AVERAGE LENGTH OF ENROLLMENT OF DAY STUDENTS |_________| YEARS

C.3 NEW STUDENT ADMISSIONS AGE 21 OR YOUNGER BETWEEN JANUARY 1, 1987 AND DECEMBER 31, 1987

C.4 Please indicate the number of students with handicaps age 21 or younger who entered the facility for the first time between January 1, 1987 and December 31, 1987 according to age category.

TOTAL STUDENTS ADMITTED AGE 21 OR YOUNGER

|_____|

C.6 Please indicate the number of previously enrolled students with handicaps 21 years of age or younger who re-entered your facility between January 1, 1987 and December 31, 1987. Please exclude students who returned from normal program breaks such as summer vacation or other temporary absences.

|_________| READMISSIONS

C.7 In total, how many students 21 years of age or younger were formally released or discharged from this facility between January 1, 1987 and December 31, 1987?

INTERVIEWER: RECORD ANSWER IN BOTTOM RIGHT HAND CORNER OF OPPOSITE PAGE.

C.7 Please indicate the number of students who were formally released or transferred out of this facility, between January 1, 1987 and December 31, 1987 according to their next educational or vocational placement or experience. Please include those students who completed their educational programs or were formally transferred to another educational setting. Please exclude those who were temporarily not present, but who were not formally transferred or released and for whom the school retained a place.

D. STAFF AND BUDGET

Next, I would like to ask you about your facility's instructional, classroom, support and related services staff. Please exclude staff of sponsoring or managing agencies who are not actually involved in the provision of services at the facility.

D.1c Could you please tell me the total number of regular, visiting, itinerant, and substitute instructional and classroom staff who served at this facility during the 1987-88 school year in each of the following job categories:

INTERVIEWER: ASK FOR AND RECORD THE NUMBER OF STAFF BEGINNING WITH "D.1d Instructional and Classroom Staff" ON THE OPPOSITE PAGE. IF NUMBER UNKNOWN, RECORD "-6" FOR EACH TYPE OF JOB CATEGORY FOR WHICH THERE WERE ANY STAFF AT THE FACILITY.

D. STAFF AND BUDGET

D.1 Please indicate the number of regular, visiting, itinerant, and substitute staff and the average number of hours worked per week per staff member for each job category. Please exclude staff of sponsoring or managing agencies who are not actually involved in the operation of the facility. Record a "zero" (0) if there are no regular or visiting staff in a job category.

D.1c Instructional and Classroom Staff

	TOTAL NUMBER OF REGULAR AND VISITING STAFF
Classroom teachers certified by the state in special education	
Classroom teachers certified by the state in regular education but not special education.	
Classroom teachers not certified by the state	
Classroom assistants, paraprofessionals or aides	
Personal care assistants	
Interpreter aides, readers, or tutors.	
Instructional consultants and in-service trainers.	
Other instructional staff (Please specify)	

____

____

D.1d Next, could you please tell me the total number of regular, visiting, itinerate, and substitute support and related services staff who served at this facility during the 1987-88 school year in each of the following job categories?

INTERVIEWER: ASK FOR THE RECORD, THE NUMBER OF "SUPPORT AND RELATED SERVICES STAFF." IF NUMBER IS UNKNOWN, RECORD "-6" FOR EACH TYPE OF JOB CATEGORY FOR WHICH THERE WERE ANY STAFF AT THE FACILITY.

D.1d Support and Related Services Staff

	TOTAL NUMBER OF REGULAR AND VISITING STAFF
Psychologists and behavior modification specialists	
Psychiatrists	
Counselors and social workers	
Physical therapists	
Occupational therapists	
Speech and language therapists	
Transition/community living skills trainers	
Vocational specialists	
Remedial academics teachers	
Physical education and recreation teachers/therapists	
Music and art teachers/therapists	
Librarians and media specialists	
Physicians	
Dentists	
Medical and dental nurses and technicians	
Low vision specialists and mobility trainers	
Audiologists and other hearing specialists	
Educational or related services consultants and trainers	
Other support and related services staff (Please specify)	

____

____

The next few questions are about the facility's costs and budget.

D.4 What was the total operating budget for this facility during the last fiscal year?

PROBE: Your best estimate is fine.

RECORD ON OPPOSITE PAGE

D.4 Please indicate the total operating budget for this facility during the last fiscal year.

$______________________________

TOTAL OPERATING BUDGET

D.6 Are the educational services provided at this facility paid out of the facility's operating budget?

CIRCLE APPROPRIATE CODE ON OPPOSITE PAGE AND FOLLOW THE SKIP INSTRUCTIONS.

D.6a What is the name of the agency or organization paying for the educational services provided at this facility?

RECORD VERBATIM ON OPPOSITE PAGE.

D.6b What is the total annual cost per student of providing the educational services?

RECORD ON OPPOSITE PAGE. IF DK, SKIP TO D.9.

D.6 Please indicate whether the educational services provided at this facility are paid out of this facility's operating budget.

	CIRCLE ONE	
Education services are part of this facility's operating budget	01 -->	PLEASE ANSWER QUESTION D.6b NEXT
Education services are not part this facility's operating budget	02 -->	PLEASE ANSWER QUESTION D.6a NEXT
Some education services are part of this facility's operating budget and some are paid by another agency.	03 -->	PLEASE ANSWER QUESTION D.6a NEXT

D.6a Please enter the name of the agency or organization paying for the educational services provided at this facility. Leave blank if not applicable.

____

____

D.6b Please indicate the total annual cost per student of providing the educational services, not including costs for other services provided by the facility.

$ ____________________
AVERAGE ANNUAL COST OF
EDUCATIONAL SERVICES
PER STUDENT

E.2 I am going to read you a list of problems that may have affected your facility. For each one, please tell me whether it has been a very serious problem for your facility.

**READ EACH PROBLEM ON OPPOSITE AND FOLLOWING PAGES.
CIRCLE "01" FOR EACH PROBLEM INDICATED AS "VERY SERIOUS".**

E. OTHER FACILITY CHARACTERISTICS AND EXPERIENCES

E.2 Please indicate the extent to which the following problem areas affect your facility:

Problem Area	YES	NO
Recruiting professional staff with the necessary certification in special education or related services	01	00
Recruiting professional staff with the necessary expertise for your particular program	01	00
Turnover of instructional and classroom staff.	01	00
Competing with the pay scales and fringe benefits of alternative employers	01	00
Obtaining/coordinating services of qualified related services providers.	01	00
Communicating effectively with local education agencies. .	01	00

E.2 (Continued)

Problem Area	YES	NO
Maintaining positive relationships with state education or rehabilitation agencies	01	00
Coordinating necessary interactions with local education agencies (e.g. program planning, records transfer).	01	00
The quality and program relevance of licensing/ monitoring processes	01	00
Diversion of resources needed for instruction to administrative requirements from outside the facility	01	00
Obtaining adequate funding for programs or services to meet the needs of particular groups of students (i.e., those of certain ages, with certain primary or secondary disabilities, etc.).	01	00
Providing adequate opportunities for students to use appropriate local community resources.	01	00

E.2 (Continued)

Problem Area	YES	NO
Providing appropriate opportunities for students to interact with non-handicapped peers.	01	00
Securing appropriate educational, developmental or vocational arrangements for students reaching the maximum age or those ready for a new placement.	01	00
Provision of or reimbursement for transportation of children by the local education agency	01	00

F. CHANGES SINCE 1976

Next I would like to ask you about changes at your facility since 1976.

F.1 Was your facility in operation during 1976?

RECORD ON OPPOSITE PAGE AND FOLLOW SKIPS.

F.4 Which of the following statements best describes the changes in the severity of handicap of students at the facility since 1976?

READ STATEMENT AND CIRCLE ONE ANSWER ON OPPOSITE PAGE.

F. CHANGES SINCE 1976

F.1 Please indicate, by circling one response code, whether or not the facility was in operation during 1976:

This facility was in
operation during 1976. . . . . 01 --> (PLEASE COMPLETE SECTION F)

This facility was not in
operation during 1976. . . . . 02 --> (PLEASE SKIP TO POPULATION MODULES)

F.4 Please indicate, by circling the most appropriate response category, the change in the severity of handicap of students at this facility since 1976.

CIRCLE ONE

Students are more severely
handicapped today 01

Students are at about the
same severity level today 02

Students are less severely
handicapped today 03

F. 6 Please tell me whether you agree or disagree with each of the following statements.

READ FROM OPPOSITE PAGE.

F.6 Please indicate, by circling the appropriate code, whether you believe the following changes have taken place at the facility since 1976.

CIRCLE ONE RESPONSE PER LINE

Since 1976 . . .	Agree	Disagree
. . .facility staff has had increased contact with parents..	01	02
. . .instructional staff hired by the facility has more appropriate training	01	02
. . .more appropriate alternative placements are available to students leaving this facility	01	02
. . .the facility provides more individualized program planning.	01	02
. . .there is increased cooperation with other facilities, programs, and agencies.	01	02
. . .students at the facility have more opportunities to interact with non-handicapped peers..	01	02
. . .the facility monitors individual development more closely.	01	02

POPULATION MODULES
SHORT VERSION

Now I would like to ask you about the primary handicapping conditions of the students age 21 or younger who were served by your facility during the 1987-88 school year. By "primary handicapping condition", we mean the single type of disability or handicap that most directly or most seriously affects the functioning and developmental potential of the student.

According to the information we have in our records from the earlier telephone interview, your facility provided services to students with the following primary handicapping conditions, where each student is counted in only one category:

READ LIST OF CONDITIONS FROM FIELD LOG.

1. Is this information correct--are there any primary handicapping conditions that don't apply to students at your facility or that we should add?

CHECK EACH VERIFIED CONDITION ON OPPOSITE PAGE AND FOLLOW SKIPS.

Now I am going to ask you a few questions about the students at your facility with each handicapping condition. Your best estimates will be fine, but please count each student in only one category.

POPULATION MODULES
SHORT VERSION

1. Confirm primary disabilities among students served:

USE GRID IN Q.2 →

☐ MR - mental retardation
☐ LD/Speech - learning disabilities or speech or language impairments
☐ ED/BD - emotional disturbance or behavior disorders
☐ HI - hearing impairment
☐ VI - vision impairment
☐ PI - orthopedic (physical) impairment
☐ OHI - (other) health impairment

GO TO Q.3 →

☐ MH - multiple handicaps

GO TO Q.4 →

☐ Non - noncategorical/other handicaps

2. **CHECK EACH VERIFIED CONDITION AT TOP OF COLUMN AND ASK FOLLOWING QUESTIONS ABOUT EACH:**

   a. During the 1987-88 school year, how many students age 21 or younger at your facility had a primary handicapping condition of **(READ NAME OF CONDITION)**?

   RECORD ON OPPOSITE PAGE.

   b. Of these students, how many would you estimate are in each of the following categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

   c. How many of the students with **(NAME OF CONDITION)** have a secondary disability that also seriously affects their functioning and developmental potential?

   RECORD ON OPPOSITE PAGE.

   d. Of the students with **(NAME OF CONDITION)** how many would you estimate are in each of the following age categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

IF NUMBER OF STUDENTS CANNOT BE ESTIMATED, ASK FOR CATEGORY OF MAJORITY OF STUDENTS AND CODE AS "-6".

2. Complete grid for each disability checked in Q.1.

	Mental Retardation ☐	Learning Disability/ Speech or Language Impairment ☐	Emotionally Disturbance/ Behavior Disorderd ☐
a. Total # Students 0-21	Total 0-21 ____	Total 0-21 ____	Total 0-21 ____
b. # Students by Subcategory	# by Subcategory Mild ____ Moderate ____ Severe ____ Profound ____	# by Subcategory Mild/Moderate Learning Disability ____ Severe Learning Disability ____ Speech Impairment ____ Language Impairment ____ Other ____	# by Subcategory Attention Deficit Disorders ____ Serious Conduct or Behavior Disorders ____ Anxiety or Withdrawal Disorders ____ Pervasive Developmental Disorders ____ Substance Abuse or Dependence Disorders ____ Psychotic or Schizophrenic Thought Disorders ____ Other Types of Emotional Disturbance or Behavior Disorders ____
c. # Students With Any Secondary Disability	# with Secondary Disability ____	# with Secondary Disability ____	# with Secondary Disability ____
d. # Students 0-5 6-17 18-21	# Students by Age 0-5: ____ 6-17: ____ 18-21: ____	# Students by Age 0-5: ____ 6-17: ____ 18-21: ____	# Students by Age 0-5: ____ 6-17: ____ 18-21: ____

2. **CHECK EACH VERIFIED CONDITION AT TOP OF COLUMN AND ASK FOLLOWING QUESTIONS ABOUT EACH:**

   a. During the 1987-88 school year, how many students age 21 or younger at your facility had a primary handicapping condition of **(READ NAME OF CONDITION)**?

   RECORD ON OPPOSITE PAGE.

   b. Of these students, how many would you estimate are in each of the following categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

   c. How many of the students with **(NAME OF CONDITION)** have a secondary disability that also seriously affects their functioning and developmental potential?

   RECORD ON OPPOSITE PAGE.

   d. Of the students with **(NAME OF CONDITION)** how many would you estimate are in each of the following age categories--**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

IF NUMBER OF STUDENTS CANNOT BE ESTIMATED, ASK FOR CATEGORY OF MAJORITY OF STUDENTS AND CODE AS "-6".

31

2. Complete grid for each disability checked in Q.1.

Hearing Impairment	Vision Impairment	Orthopedic or Physical Impairment	Other Health Impairments
☐	☐	☐	☐
Total 0-21	Total 0-21	Total 0-21	Total 0-21
a. ____	a. ____	a. ____	a. ____
# by Subcategory	# by Subcategory	# by Subcategory	# by Subcategory
b. **Prelingual Hearing Impairment with...** Mild Hearing Loss ____ Moderate Hearing Loss ____ Severe or Profound Hearing Loss ____ **Postlingual Hearing Impairment with...** Mild Hearing Loss ____ Moderate Hearing Loss ____ Severe or Profound Hearing Loss ____ Deaf-Blind ____	Functionally Blind ____ Legally (but not functionally) Blind ____ Partially Sighted ____ Deaf-Blind ____	Cerebral Palsy ____ Quadreplegia, Paraplegia, or Hemiplegia ____ Missing or Deformed Limbs ____ Other Neurological or Musculoskeletal Conditions ____	Respiratory Conditions ____ Circulatory Conditions ____ Autism or Childhood Schizophrenia ____ Any Other Health Impairments ____
# with Secondary Disability	# with Secondary Disability	# with Secondary Disability	# with Secondary Disability
c. ____	c. ____	c. ____	c. ____
# Students by Age	# Students by Age	# Students by Age	# Students by Age
d. 0-5: ____ 6-17: ____ 18-21: ____	d. 0-5: ____ 6-17: ____ 18-21: ____	d. 0-5: ____ 6-17: ____ 18-21: ____	d. 0-5: ____ 6-17: ____ 18-21: ____

3. IF FACILITY SERVES MULTI-HANDICAPPED STUDENTS, ASK THE FOLLOWING:

   a. How many students age 21 or younger at your facility were multi-handicapped? By multi-handicapped, we mean children that have two or more handicapping conditions that are of such severity that a single primary handicapping condition cannot be diagnosed. These students should not have been counted in the categories we just talked about.

   RECORD ON OPPOSITE PAGE.

   b. What are the principal handicapping conditions of the multi-handicapped students?

   RECORD ON OPPOSITE PAGE.

   c. How many of these students would you estimate have 3 or more severely handicapping conditions?

   RECORD ON OPPOSITE PAGE.

   d. How many of the multi-handicapped students would you estimate are in each of the following age categories...**(READ CATEGORIES)**?

   RECORD ON OPPOSITE PAGE.

3. MULTI-HANDICAPPED STUDENTS

a. # Students ___________

b. Principal Handicapping Conditions:

____

____

____

c. # Students with 3 or More Severely Handicapping Conditions:

____

d. # Students: 0-5 ________

6-17 ________

18-21 ________

4. **IF FACILITY SERVES STUDENTS WHO ARE NOT CLASSIFIED BY HANDICAPPING CONDITION OR WHO HAVE OTHER HANDICAPPING CONDITIONS, ASK THE FOLLOWING:**

   a. What were the primary presenting problems of students at the facility who are not considered in the handicap groups I have already mentioned?

**RECORD EACH TYPE OF PRESENTING PROBLEM
IN SEPARATE SECTION ON OPPOSITE PAGE.**

FOR EACH PRESENTING PROBLEM, ASK:

   b. How many students at the facility had **(PRESENTING PROBLEM)**?

RECORD ON OPPOSITE PAGE.

   c. Of the students with **(PRESENTING PROBLEM)**, how many had another disability that seriously affects their functioning and developmental potential?

RECORD ON OPPOSITE PAGE.

   d. Of the students with **(PRESENTING PROBLEM)**, how many would you estimate are in the following age categories--**(READ CATEGORIES)**?

RECORD ON OPPOSITE PAGE.

**IF NUMBER OF STUDENTS CANNOT BE ESTIMATED, ASK FOR CATEGORY
OF MAJORITY OF STUDENTS AND CODE AS "-6".**

**IF INFORMATION NOT AVAILABLE FOR EACH PRESENTING PROBLEM,
OBTAIN FOR TOTAL AND RECORD UNDER GROUP 1.**

4. NON-CATEGORICAL OR OTHER HANDICAPS

Group 1

a. Primary Presenting Problem(s): ______________________

b. # Students: ______________

c. # Students with Any Secondary Disability: ______________

d. # Students: 0-5 _______

6-17 _______

18-21 _______

Group 2

a. Primary Presenting Problem(s): ______________________

b. # Students: ______________

c. # Students with Any Secondary Disability: ______________

d. # Students: 0-5 _______

6-17 _______

18-21 _______

Group 3

a. Primary Presenting Problem(s): ______________________

b. # Students: ______________

c. # Students with Any Secondary Disability: ______________

d. # Students: 0-5 _______

6-17 _______

18-21 _______

G. FINAL QUESTIONS AND INSTRUCTIONS

G.1 Thank you very much for this information on your facility. As you know, the information requested on the forms we sent you was more extensive. Even if the forms are only partially completed, they would be helpful to us. Also, we would appreciate being sent any brochures, annual reports, or any other written materials describing your facility's mission and programs. Please send to:

Dr. Susan Stephens
Mathematica Policy Research
P.O. Box 2393
Princeton, NJ 08543

G.3 Finally, for our records, what is your job title?

RECORD ON OPPOSITE PAGE.

And how many years have you been with (FACILITY NAME)?

RECORD ON OPPOSITE PAGE.

Thank you again. We will be sending each participant a summary of the final report next year.

G. FINAL QUESTIONS AND INSTRUCTIONS

G.3 Please record the title and the number of years of service at the facility of the person who completed sections E (Other Facility Characteristics and Experiences) and F (Changes Since 1976).

____
TITLE

____
YEARS OF SERVICE
AT FACILITY

Thank you for completing this questionnaire. In the packet you received there are one or more separate short population modules for specific handicap groups. Please complete these modules and return all of the survey documents in the enclosed preaddressed, post-paid envelope.

Mathematica Policy Research
P.O. Box 2393
Princeton, New Jersey 08543-2393

THE STUDY OF PROGRAMS OF INSTRUCTION FOR HANDICAPPED CHILDREN AND YOUTH IN DAY AND RESIDENTIAL FACILITIES

VOLUME IV:

SURVEY INSTRUMENTS AND MATERIALS FOR THE SURVEY OF SEPARATE FACILITIES AND THE SURVEY OF SEA SPECIAL EDUCATION DIVISIONS

PART TWO:

THE SURVEY OF SEA SPECIAL EDUCATION DIVISIONS

OMB Clearance #: 1820-0559
MPRI #: 969

THE STUDY OF PROGRAMS OF INSTRUCTION FOR HANDICAPPED CHILDREN AND YOUTH IN DAY AND RESIDENTIAL FACILITIES
SURVEY OF STATE DIRECTORS OF SPECIAL EDUCATION
INSTRUCTIONS

The Survey of State Directors of Special Education is designed to obtain comparable data on state procedures affecting separate facilities in all fifty states and the District of Columbia. The survey is divided into two parts to be completed by the State Director of Special Education and/or the Director's designee.

The reporting period of interest is the 1987-88 school year unless otherwise indicated. Most of the items on the questionnaire can be answered by marking the appropriate response. Some questions may ask for a brief written response and/or for available documentation or descriptions. Any other available documentation or descriptions considered relevant may be appended to the questionnaire. If the information requested is not available, please note this in the margin of the affected question. It is expected that the questionnaire will take approximately one hour to complete.

The following terms have been used in the questionnaire:

Handicapped Students:	Children and youths age birth through 21 who are eligible for special education services due to a handicapping condition (including mental retardation, specific learning disabilities, autism, speech or language impairments, vision or hearing impairments, emotional disturbance or behavior disorders, orthopedic or physical impairments or other health conditions that affect physical, cognitive or social development).
Separate Facilities:	Residential or day facilities exclusively serving handicapped persons in buildings physically separate from programs for non-handicapped age peers. Separate facilities may be operated by the state education agency, other state agencies, local education agencies, county or regional agencies, or private organizations. The special education services at these facilities may be provided by the operating agency or by another agency. **NOTE: CORRECTIONAL FACILITIES ARE EXCLUDED FROM THIS STUDY.**
Separate Day Facilities:	Facilities exclusively serving handicapped persons at which no handicapped persons reside.
Separate Residential Facilities:	Facilities exclusively serving handicapped persons at which at least some handicapped persons reside, even if some day students are also served.
SEA:	State Education Agency (Department or Board of Education).
LEA:	Local Education Agency (local public school district).
IEU:	Intermediate Education Unit, including consortia or joint agreements among LEAs to provide special education services.
Regional/County Agencies:	Agencies at the substate (regional or county level) that are not LEAs or IEUs and operate separate facilities for handicapped students.

If you have questions or comments concerning the study or the questionnaire, please call Dr. Susan Stephens, Project Director, collect at (609) 799-3535.

For your convenience, a postage-paid addressed return envelope is included with this questionnaire. Please return the completed questionnaire (Parts I and II) to:

Dr. Susan Stephens
Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393

PLEASE RETURN THE COMPLETED QUESTIONNAIRE BY AUGUST 15, 1988.

PART I. DESCRIPTIVE INFORMATION

I.1. ORGANIZATION AND RESPONSIBILITIES OF THE DIVISION OF SPECIAL EDUCATION

I.1.1. If available, please enclose copies of organizational charts or diagrams for the SEA (State Education Agency) and for the division, department, or bureau of special education. Please circle the appropriate code below.

THESE CHARTS ARE ENCLOSED....................01

THESE CHARTS CAN BE OBTAINED BY CONTACTING:............02

____
(Name)

____
(Telephone Number)

I.1.2. Please indicate whether the units and/or professional positions in the division of special education are organized around handicapping condition, geographical region, or function, or some combination. PLEASE CIRCLE ALL THAT APPLY.

THE DIVISION OF SPECIAL EDUCATION IS ORGANIZED AROUND:

HANDICAPPING CONDITIONS......................01

GEOGRAPHICAL REGION OR AREA OF THE STATE.....02

FUNCTION (SUCH AS COMPLIANCE REVIEW, PROGRAM DEVELOPMENT, PROGRAM SERVICES)..............03

I.1.3. Please indicate the total number of professional positions **currently** in the division of special education, by occupancy and by full-or part-time status. **NOTE:** For questions I.1.3 and I.1.4, "currently" refers to the number of positions in the division at the time of the survey.

	CURRENTLY OCCUPIED	CURRENTLY VACANT
FULL-TIME PROFESSIONAL POSITIONS:	________	________
PART-TIME PROFESSIONAL POSITIONS:	________	________

I.1.4. Please indicate the number of **currently occupied** full-time equivalent (FTE) professional positions in the division of special education by the following areas of responsibility.

RESPONSIBILITY FOR:	NUMBER OF CURRENTLY OCCUPIED FTEs
COMPLIANCE MONITORING	________
PROGRAM AND CURRICULUM DEVELOPMENT	________
TECHNICAL ASSISTANCE	________
PERSONNEL DEVELOPMENT AND IN-SERVICE TRAINING	________
GRANTS MANAGEMENT	________

RESPONSIBILITY FOR:	NUMBER OF CURRENTLY OCCUPIED FTEs
INTERAGENCY LIAISON	________
ADMINISTRATION, PLANNING, DATA MANAGEMENT	________
OTHER RESPONSIBILITIES (PLEASE DESCRIBE)	
______________________________	________
______________________________	________

I.2. STATE FUNDING OF SPECIAL EDUCATION PROGRAMS

I.2.1. Please indicate the funding formula described below that **best characterizes** the mechanism by which LEAs (local public schools) received special education funding for the **1987-88** school year.

PLEASE CIRCLE ONE

a. **Flat grant per teacher or classroom unit:** SEA pays LEA a fixed sum based on each special education teacher employed or special education classroom operated.................... 01

b. **Percentage or excess cost formula:** SEA reimburses LEA for a percentage of actual special education costs or costs in excess of LEA's average per pupil costs (with or without limits).................... 02

c. **Percentage of teacher/personnel salaries:** SEA reimburses LEA for percentage of the salaries of special education teachers and/or other personnel. The percentage may vary by type of personnel.................... 03

d. **Weighted pupil formula:** SEA pays LEA based on a multiple of average per pupil costs, determined by students' handicapping condition and/or program. This formula may include other categorical programs in addition to special education (e.g., bilingual or vocational education) and may also provide funding for general education programs.................... 04

e. **Weighted teacher/classroom unit formula:** SEA pays LEA based on a multiple of allowable teacher or classroom units. Weights may vary by handicapping condition and/or program and units may be constrained by pupil-staff ratios.................... 05

f. **Other** (Please describe).................... 06

____

____

I.2.2. The chart below describes several funding mechanisms for special education programs for school-aged students, other than those provided by LEAs. For each type of program noted in the first column of the chart, please check the box or boxes that **best characterizes** how student placements were funded in the **1987-88** school year. Please attach further descriptions of the funding mechanisms if available.

Special Education Programs in...	Direct State Appropriation to Facility	Direct Payment by SEA to Facility, Using Formula Indicated in Question 2.1	Direct Payment from LEA, with SEA Reimbursement Using Formula Indicated in Question 2.1	Direct Payment from LEA, with SEA Reimbursement Using Different Formula	Payment by Non-Education Agency	Other (Please describe)
SEA-Operated Facility						
Residential Program						
Educational/Day Program						
Other State Agency Operated Facility						
Residential Program						
Educational/Day Program						
IEU/Regional/County Operated Facility or Program						
Residential Program						
Educational/Day Program						
Private School for Handicapped Students						
Residential Program						
Educational/Day Program						

I.2.3. Please estimate how the State's federal grant under EHA-B received during the **last fiscal year** was allocated. If it is not possible to disaggregate the allocation into the provided categories, please combine categories or use the "other" category. Please note that the total should equal 100%.

Flow-through or entitlement grants to LEAs............ ________%

Support of SEA administrative staff and activities.... ________%

Support of statewide or regional special education resource centers or networks.......................... ________%

State Advisory Council................................ ________%

Research and evaluation projects or grants............ ________%

Pilot or demonstration projects............ ________%

Materials development or dissemination..... ________%

Other (Please describe.)...................

________________________________ ________%

________________________________ ________%

I.3. STANDARDS FOR SPECIAL EDUCATION FACILITIES AND PERSONNEL

I.3.1. Please compare the standards applicable to LEA (local public school) special education programs with those applicable to special education facilities operated by other agencies. Please indicate by circling the appropriate code or codes, the types of facilities where a particular standard **differs** from that for LEA special education programs. If there is no state standard in a particular area applicable to LEAs, please circle "00" for **NO STANDARD FOR LEAs**. Please attach documentation on applicable standards, if available.

		STANDARD DIFFERS FROM LEA SPECIAL EDUCATION STANDARD FOR:			
	NO STANDARD FOR LEAs	SEA-Operated Facility	Any Other State-Operated Facility	IEU/ Regional/ County Facility	Private School for Handicapped
a. Curriculum content	00	01	02	03	04
b. Pupil/teacher ratios	00	01	02	03	04
c. Maximum class size/case load	00	01	02	03	04
d. Length of school day/school year	00	01	02	03	04
e. Certification of classroom teachers	00	01	02	03	04
f. Certification of related services staff	00	01	02	03	04
g. Certification of administrative staff	00	01	02	03	04
h. Student graduation requirements	00	01	02	03	04
i. Student competency test requirements	00	01	02	03	04
j. Physical plant and space requirements	00	01	02	03	04
k. Other requirements (Please describe)					
________________________	00	01	02	03	04
________________________	00	01	02	03	04

I.3.2. Please indicate the types of programs for which there is **currently** an SEA procedure for school approval (chartering or accreditation), **apart from** special education compliance monitoring.

	CIRCLE ALL FOR WHICH THERE IS AN SEA APPROVAL PROCESS
LEA (local public school) education programs	01
IEU/regional/county operated educational programs	02
Educational programs at SEA-operated facilities	03
Educational programs at facilities operated by other state agencies	04
Private schools or facilities for handicapped students receiving public (state or local) funds	05

I.4. COMPLIANCE MONITORING

I.4.1. Please indicate, for each of the types of separate facilities listed below, how compliance monitoring is **currently** carried out.

	Check appropriate response(s):					
Educational Programs in Separate Facilities Operated by ...	SEA Division of Special Education Conducts On-Site Monitoring	Another SEA Division Conducts On-Site Monitoring	SEA Approves Monitoring Report of Another Agency	How often is on-site monitoring conducted?	Is there an off-site procedural review, apart from on-site monitoring?	How often is the off-site review conducted?
LEAs (local public schools)	______	______	______	Every ____ years	YES NO	Every ____ years
IEUs/Regional/County Agencies	______	______	______	Every ____ years	YES NO	Every ____ years
SEA	______	______	______	Every ____ years	YES NO	Every ____ years
Other State Agencies	______	______	______	Every ____ years	YES NO	Every ____ years
Private In-State Schools or Facilities for Handicapped Students	______	______	______	Every ____ years	YES NO	Every ____ years
Out-of-State Schools or Facilities for Handicapped Students	______	______	______	Every ____ years	YES NO	Every ____ years

I.4.2. Please indicate, by circling all that apply, how special education compliance monitoring is **currently** conducted in relation to other SEA monitoring activities.

CIRCLE ALL THAT APPLY

Special education compliance monitoring is conducted at the same time as SEA monitoring of other federally funded programs (e.g., bilingual or compensatory education).............................01

Special education compliance monitoring is conducted at the same time as SEA monitoring of general public education programs. 02

Monitoring for compliance with both state and federal special education regulations is conducted at the same time, but separately from other monitoring activities. 03

I.5. TECHNICAL ASSISTANCE AND IN-SERVICE TRAINING

I.5.1. Please indicate the staff or organization in the state which **currently** carries out the greatest amount of the following technical assistance and in-service training activities by writing in the number "1" on the appropriate line after the description of each activity. Please indicate the staff or organization which carries out the second greatest amount of technical assistance and training activities by writing in the number "2". Circle "00" if the activity is not regularly conducted or has not been conducted at least once in the past year.

PLEASE WRITE IN "1" (GREATEST AMOUNT) OR "2" (NEXT GREATEST AMOUNT) FOR EACH ACTIVITY

	Activity Not Regularly Conducted	SEA Staff Directly	Statewide/Regional Centers Funded Through the SEA	Staff of Other State Agencies	Staff at Separate Facilities (e.g., State Schools)	Private Consultants Funded Through the SEA	Other Staff/ Arrangements
a. Fund, support or conduct statewide or regional workshops/ conferences on procedural issues and practices	00	___	___	___	___	___	___
b. Fund, support or conduct statewide or regional workshops/ conferences on instructional issues and practices	00	___	___	___	___	___	___
c. Conduct workshops or seminars for staff at individual districts/schools on procedural issues and practices	00	___	___	___	___	___	___
d. Conduct workshops or seminars for staff at individual districts/schools on instructional issues and practices	00	___	___	___	___	___	___
e. Provide technical assistance to local districts/schools	00	___	___	___	___	___	___
f. Gather, maintain, or loan instructional materials, equipment, or professional publications	00	___	___	___	___	___	___
g. Produce specialized materials (e.g., media, braille materials, assistive devices)	00	___	___	___	___	___	___
h. Assist districts/schools in preparation for or follow-up to monitoring by the SEA	00	___	___	___	___	___	___
i. Produce newsletters reviewing new materials, promising practices, training opportunities, recent research, etc.	00	___	___	___	___	___	___
j. Produce manuals/reports on procedural issues and practices	00	___	___	___	___	___	___
k. Produce manuals/reports on instructional issues and practices	00	___	___	___	___	___	___

I.6. SEPARATE FACILITIES IN THE STATE

I.6.1. In the chart below, for the **1987-88** school year, please indicate the number of separate facilities for handicapped students operated by each type of agency, the approximate total number of places for handicapped students age 0 through 21 in those facilities, and the primary handicapping condition of the majority of the students served. Enter "0" if none and "U" if unknown.

Operating Agency	Separate Day Facilities			Separate Residential Facilities		
	Number		Primary Handicapping Condition of Students	Number		Primary Handicapping Condition of Students
	Facilities	Students		Facilities	Students	
SEA						
Other State Agencies (Please list by name)						
______	______	______	______	______	______	______
______	______	______	______	______	______	______
______	______	______	______	______	______	______
______	______	______	______	______	______	______
LEAs (local public schools)						
IEUs/Regional/County Agencies						
Private Schools for Handicapped Students Receiving Public Funds						

I.6.2. Please describe how special education services were provided to handicapped students in separate facilities operated by other state agencies during the **1987-88** school year.

Name of Other State Agency Operating Separate Facilities	PLEASE CHECK ALL THAT APPLY			
	Education Provided by Staff of State Agency Operating Facility	Education Provided On-Campus by LEA Staff	Education Provided Off-Campus by LEA Staff	Other (Please describe)
Agency: ________				
Agency: ________				
Agency: ________				
Agency: ________				

I.6.3. Please estimate the number of handicapped students placed in **out-of-state** special education facilities during the **1987-88** school year.

____
STUDENTS SERVED
OUT-OF-STATE
IN **1987-88**

We may wish to call to clarify an item of information on Part I of the questionnaire. Please indicate the person we should contact:

PART I.

________ (NAME)

________ (TITLE)

________ (TELEPHONE #, including area code)

________ (STATE NAME)

PART II. POLICY ISSUES

II.1. GOALS AND PRIORITIES OF THE DIVISION OF SPECIAL EDUCATION

II.1.1. Please describe briefly the current goals and priorities of the division of special education particularly related to the placement of handicapped students in separate facilities and/or improvements in the provision of special education services in separate facilities. Please attach any available statement of such goals.

II.2. STATE FUNDING OF SPECIAL EDUCATION PROGRAMS

II.2.1. Please describe any aspect of state funding mechanisms that may operate as an incentive or disincentive to the placement of handicapped students in separate facilities (e.g., LEAs pay only a small proportion of the total costs of out-of-district placements so that some LEAs may find out-of-district placements for certain students less expensive than providing in-district programs). CIRCLE NONE .... 00, if applicable.

NONE 00

PLACEMENT IN PRIVATE SCHOOLS FOR THE HANDICAPPED:

Incentives:

Disincentives:

PLACEMENT IN STATE-OPERATED SEPARATE FACILITIES:

Incentives:

Disincentives:

PLACEMENT IN SPECIAL SCHOOLS OPERATED BY LEAs (DISTRICTS) OR BY COUNTY OR REGIONAL AGENCIES:

Incentives:

Disincentives:

II.3. COMPLIANCE MONITORING

II.3.1. Please characterize, by circling a response code for each statement below, the impact of SEA compliance monitoring on the state's special education programs.

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The primary impact of monitoring has been to ensure that special education programs are meeting minimum Federal and State requirements.	01	02	03	04
b. Monitoring provides an opportunity to encourage improvements in special education programs.	01	02	03	04
c. Monitoring is an important way to identify needs and set priorities for technical assistance, in-service training, and program development.	01	02	03	04
d. Monitoring activities are increasingly focused on program content and instructional issues.	01	02	03	04

II.3.2. Please indicate how each of the following factors has influenced the effectiveness of SEA monitoring of special education programs in the State.

	Increased Effectiveness	No Change	Reduced Effectiveness
a. The number of SEA staff assigned to conduct monitoring	02	00	01
b. The stability of SEA staff assigned to conduct monitoring	02	00	01
c. The frequency of on-site monitoring	02	00	01
d. Emphasis on monitoring from the Federal government	02	00	01
e. SEA's sanctioning authority	02	00	01
f. Standards used in monitoring	02	00	01
g. The format and content of monitoring instruments and procedures	02	00	01
h. Other factors (Please describe)			
________________________________	02	00	01
________________________________	02	00	01

II.4. CHANGES SINCE 1975

II.4.1. Please describe briefly **the most significant** changes since 1975 in the organization, staffing, activities, or responsibilities of the division of special education. Please attach additional pages, if necessary. CIRCLE NONE .... 00, if applicable.

NONE 00

II.4.2. Please identify and briefly describe (or attach description of) **the most significant** state legislation, administrative rulings, court decisions or settlement agreements, or changes in state code or regulations since 1975 that have had a major effect on **the number of handicapped students placed in separate facilities**. CIRCLE NONE ..... 00, if applicable.

NONE 00

II.4.3. Please identify and briefly describe (or attach description of) **the most significant** state legislation, administrative rulings, court decisions or settlement agreements, or changes in state code or regulations since 1975 that have had a major effect on **the improvement of special education services provided to handicapped students in separate facilities** (e.g., effects on staffing levels or certification requirements, program content or length). CIRCLE NONE ..... 00, if applicable.

NONE 00

II.4.4. Please indicate the impact that each of the following groups and activities has had on changes that may have taken place in separate facilities in the state since 1975. Please circle one number for each type of impact by each group. Feel free to describe any particular impact of these groups on additional pages.

	IMPACT ON CHANGES IN **PLACEMENTS** IN SEPARATE FACILITIES			IMPACT ON **IMPROVEMENTS** IN SPECIAL EDUCATION SERVICES IN SEPARATE FACILITIES		
	Great Deal	Some	Little/ None	Great Deal	Some	Little/ None
a. Parent-advocacy organizations (e.g., Association for Retarded Citizens)	3	2	1	3	2	1
b. Professional associations (e.g., Council for Exceptional Children)	3	2	1	3	2	1
c. Unions or associations of teachers or related services professionals	3	2	1	3	2	1
d. Federal Office of Special Education Programs monitoring	3	2	1	3	2	1
e. Leadership by particular individuals outside the SEA	3	2	1	3	2	1
f. Other groups (Please describe)						
______________________________	3	2	1	3	2	1
______________________________	3	2	1	3	2	1

We may wish to clarify an item of information on Part II of the questionnaire. Please indicate the person who should be contacted:

PART II. ______________________________ (NAME)

______________________________ (TITLE)

______________________________ (TELEPHONE #, including area code)

______________________________ (STATE NAME)

MATHEMATICA
Policy Research, Inc.

P.O. Box 2393
Princeton, NJ 08543-2393
(609) 799-3535

600 Maryland Avenue S.W., Suite 550
Washington, DC 20024-2512
(202) 484-9220

347